

L02000031245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

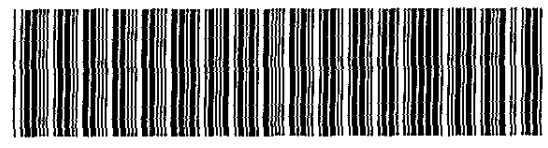
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02 NOV 20 PM 2:46  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 20 PM 1:45  
L02 11/21

4p

**CT CORPORATION**

November 20, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

Re: Order #: 5725590 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

First States Investors 64, Limited Partnership (FL)  
Formation  
Florida

First States Investors 65, LLC (FL)  
Formation  
Florida

First States Investors 67, LLC (FL)  
Formation  
Florida

First States Investors 67, Limited Partnership (FL)  
Formation  
Florida

First States Investors 68, LLC (FL)  
Formation  
Florida

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 20 PM 1:45

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

CT CORPORATION

First States Investors 68, Limited Partnership (FL)  
Formation  
Florida

First States Investors 73, LLC (FL)  
Formation  
Florida

First States Investors 73, Limited Partnership (FL)  
Formation  
Florida

First States Investors 77, LLC (FL)  
Formation  
Florida

First States Investors 77, Limited Partnership (FL)  
Formation  
Florida

*First States Investors 64, LLC*  
*Formation*  
*Florida*

*File pF*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**CT CORPORATION**

First States Investors 65, Limited Partnership (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland  
Fulfillment Specialist  
[Melanie\\_Strickland@cch-lis.com](mailto:Melanie_Strickland@cch-lis.com)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
First States Investors 64, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
1725 The Fairway, Jenkintown, PA 19046

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CT Corporation System

Name

1200 South Pine Island Road

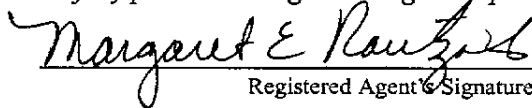
Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL 33324

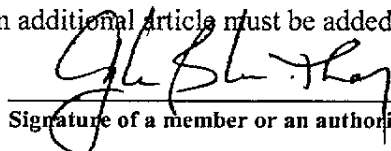
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

MARGARET E. ROUTZAHN  
Special Assistant Secretary

(An additional Article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Glenn Blumenthal, Assistant Manager

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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