

L03000034436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

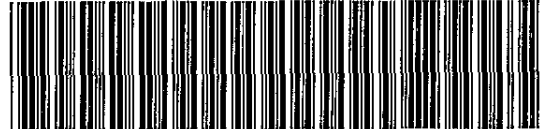
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 237785 160409A

AUTHORIZATION : *Patricia Pijet*

COST LIMIT : \$ 125.00

03 SEP 11 PM 1:06
FILED
STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 10, 2003

ORDER TIME : 8:43 AM

ORDER NO. : 237785-005

CUSTOMER NO: 160409A

CUSTOMER: Ms. Judy White
Armstrong Development, Inc.

Suite 700, 2100 Wharton Street
Birmingham Towers
Pittsburgh, PA 15203

DOMESTIC FILING

NAME: ARMSTRONG HAILE VILLAGE, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Armstrong Haile Village, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2100 Wharton Street, Suite 700, Pittsburgh, PA 15203

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

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State, and Zip

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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.

Corporation Service Company
By: Elva M. Shipkowski ASST V.P.
Registered Agent's Signature **ELVA M. SHIPKOWSKI**

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

Robert H. Gustine
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.)

Robert H. Gustine
Typed or printed name of signer

- 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)