Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060000931143)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

MECEIVED

06 APR -7 PM 1: 13

VISION OF CORPORATIO

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Village at East Lake Limited Partner, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. HOOGES

ARTICLE I - Name:	,
The name of the Limited Liability Con	npany is:
Village at East Lake Limited Partner, LLC	
(Must and with the words "Limited Liability Comp	my, "Limited Company" or their abbreviation "LLC," or "L.C.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
11200 Rockville Pike, Suite 502	11200 Rockville Pike, Suite 502
Rockville, MD 20852	Rockville, MID 20852
ARTICLE III - Registered Agent, Ra (The Limited Liability Company cannot serve as its business craity with an active Forida registration.)	eglatered Office, & Registered Agent's Signature: own Registered Agent. You must designate as individual or snother
(The Limited Liability Company cannot serve as its business critity with an active Florida registration.)	own Registered Agent. You must destigante an individual or another
(The Limited Liability Company cannot serve as its business only with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must destigante an individual or another
(The Limited Liability Company cannot serve at its business only with an active Florida registration.) The name and the Florida street address	tion Registered Agent. You must destigant so individual or snother a of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Horida registration.) The name and the Florida street address CI	vien Registered Agent. You must destigant so individual or snother s of the registered agent are: Corporation System
(The Limited Liability Company cannot serve as its business entity with an active Florida registratina.) The name and the Florida street address C I	own Registered Agent. You must destigate an individual or snother a of the registered agent are: Corporation System Name
(The Limited Liability Company cannot serve at its business only with an active Florida registration.) The name and the Florida street address C I 1200 5 Florida	own Registered Agent. You must destigant an individual or snother a of the registered agent are: Corporation System Name System Road Street address (P.O. Box NOT acceptable) tation, Florida 33324
(The Limited Liability Company cannot serve at its business only with an active Florida registration.) The name and the Florida street address C I 1200 5 Florida	own Registered Agent. You must destigant an individual or snother a of the registered agent are: Corporation System Name System Road Street address (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its business entity with an active Horida registration.) The name and the Florida street address C. I. 1200 S Plorida Than Ci Having been named as registered agent	own Registered Agent. You must destigate so individual or snother a of the registered agent are: Corporation System Name South Pine Island Road a street address (P.O. Box NOT acceptable) tention, Florida 33324 by State, and Zip and to accept service of process for the above stated limited
(The Limited Liability Company cannot serve at its business only with an active Horida registration.) The name and the Florida street address 1200 S Plorida Thaving been named as registered agent liability company at the place design	own Registered Agent. You must destigate so individual or snother a of the registered agent are: Corporation System Name South Pine Island Road a street address (P.O. Box NOT acceptable) testion, Florida 33324 by, Stote, and Zip and to accept service of process for the above stated limited totaled in this certificate, I hereby accept the appointment as
(The Limited Liability Company cannot serve as its business entity with an active Horida registration.) The name and the Florida street address 1200 S Plorida Thaving been named as registered agent liability company at the place design registered agent and agree to act in this	own Registered Agent. You must destigant so individual or another a of the registered agent are: Corporation System Name South Pine Island Road a street address (P.O. Box NOT acceptable) testion, Florida 33324 by, State, and Zip and to accept service of process for the above stated limited

Registered Ascer's Standare (REQUIRED)
KORRI A. BEHLER
Special Assistant Secretary (CONTINUED)
Regalof2

Ç T Corporation System

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MORM	Village at Bast Lake Holdings, LP
	11200 Rookville Pike, Suite 502
	Rockville, MD 20852
	•
•	
•	
	·
	——————————————————————————————————————
(Use attachment if necessary)	
CLE V: Effective date, if other to	han the date of filing: upon filing (OPTIONA
tillective date is listed, the date :	must be specific and cannot be more than five business days
O days after the date of filing.)	•

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

(in secondance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated benein are true.)

Filing Poca:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 38.00 Curtified Copy (Optional)
\$ 5.60 Curtifients of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

Danyi M. Edelatch, authorized representative
Typod or printed name of signee