

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fak Number

: (850)205-0383

From:

: C T CORPORATION SYSTEM Account Name

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

FÉORIDA/FOREIGN LIMITED LIABILITY CO.

Village at Park Road Limited Partner, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FO	Set a southern and the second and th
ARTICLE I - Name:	
The name of the Limited Liability Comp	eny is:
Village at Park Road Limited Partner, LLC	
(Must and with the words "Limited Liability Company	"Linked Company" or their abbraviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company:
Principal Office Address:	Mailing Address:
11200 Rockville Piles, Suite 502	11200 Rockville Pike, Suite 502
Rockville, MD 20852	Roakville, MD 20852
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate as individual or another f the registered agent are:
The Limited Liability Company cannot serve as its ow business easily with an active Florida registration.) The name and the Florida street address o	n Registered Agent. You must designess an individual or another
The Limited Liability Company cannot serve as its ow business easily with an active Florida registration.) The name and the Florida street address of CT Co.	n Registered Agent. Von must designate an individual or another f the registered agent are:
The Limited Liability Company cannot serve as its ow business easity with an active Florida registration.) The name and the Florida street address of CT Co	n Registered Agam. You must designate an individual or another f the registered agent are: proration System
The Limited Liability Company cannot serve as its ow business entity with an active Florida regularation.) The name and the Florida street address of CT Co. [200 South	n Registered Agami. You must designate an individual or another f the registered agent are: provided System Name
The Limited Liability Company cannot serve as its own business easily with an active Florida registration.) The name and the Florida street address of CT Co. 1200 Sout	n Registered Agami. You must designate an individual or another f the registered agent are: proporation System Name th Pine Island Road

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.. C T Corporation System

Registered Agent's Signature (REQUIRED) KORRI A. BEHLER Special Assistant Secretary

> (CONTINUED) Page 1 of 2

FLESS - 900994 C 7 Rysem Dallas

ARTICLE IV- Manager(s) or Managing Member(s):	
The name and address of each Manager or Managing Mamber is as follow	

<u>Title:</u> "MOR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Village at Park Road Holdings, LP
	11200 Rockville Pike, Suite 502
	Rockville, MD 20852

A STATE OF THE PARTY OF THE PAR	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than ti (If an effective date is listed, the date must to or 90 days after the date of filing.)	te date of filing; woo filing (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	ber or an authorised representative of a member.
(In accordance with a coff this document con that the facts state:	section 608.408(3), Florida Statutes, the axecution stitutes an affirmation under the penalties of parjury I herein are true.)

Filler Feet:

\$1,25.06 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Carrilled Copy (Optional)
\$ 5.00 Carrilledate of Status (Optional)

rage 2 of 2

Darryl M. Edelstein, authorized representative
Typed or printed name of signee