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(Requestor's Name)		
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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ACCOUNT NO. : 072100000032

REFERENCE: 575850 4338458

AUTHORIZATION

COST LIMIT \$ 125.00

ORDER DATE: November 3, 2006

ORDER TIME : 12:31 PM

ORDER NO. : 575850-005

CUSTOMER NO: 4338458

DOMESTIC FILING

NAME: BV PLYMOUTH, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS:

OS MAN SECTION SERVICES

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	LC Scompany" or their abbreviation "LLC," or "L.G."	
BV Plymouth, L	IC 35	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C," .		
	70, 0	
ARTICLE II - Address:	30.7	
The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
1661 Worthington Road	1661 Worthington Road	
Suite 100	Suite 100	
West Palm Beach, FL 33409	West Palm Beach, FL 33409	
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		
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		
Cynthia L. Harris as its agent Registered Agent's Signature (REQUIRED)		
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(CONTINUED) Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR William H. Stolberg 1661 Worthington Road, Suite 100 West Palm Beach, FL 33409 **MGR** William B. Shepro 1661 Worthington Road, Suite 100 West Palm Beach, FL 33409 (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Blue Valley Apartments, Inc., Member William H. Stolberg, Director 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.) William H. Stolberg Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)