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(Requestor's Name)
(Address)
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(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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SECRETARY OF STATE
ALLAHASSEE ELAIE



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A	CCOUNT NO. :	072100000	1032	18/50 May
	REFERENCE :	615301	7366780	ALC
AUT	HORIZATION :	Land	X ale	
	COST LIMIT :	\$ 130 0	Blessen	. ^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ORDER DATE : 1	November 21, 2	2006		~
ORDER TIME :	3:32 PM			
ORDER NO. :	515301-025			
CUSTOMER NO:	7366780			
		-		
	DOMESTIC FI	LING		
NAME:	FIRST STATE LLC	ES INVESTO	DRS 3633,	
• .				
	EFFECTIVE D	DATE:		
CERTIFI	S OF INCORPORA CATE OF LIMITE S OF ORGANIZAT	ED PARTNEF	RSHIP	
PLEASE RETURN	THE FOLLOWING	AS PROOF	OF FILING:	
XX PLAIN	IED COPY STAMPED COPY ICATE OF GOOD	STANDING		
CONTACT PERSON	· Doreen Wall	lace - EXT	T. 2928	

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is: REST
First states in	VESTORS 3633, LLC
(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
610 OLD YORK ROAD, SUITE 300	610 OLD YORK ROAD, SUITE 300
JENKINTOWN, PA 19046	JENKINTOWN, PA 19046
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
Corporation Service Company	,
Nat	
1201 Hays Street	
Florida street	address (P.O. Box NOT acceptable)

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.

City, State, and Zip

32301

Corporation Service Company

Tallahassee

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

MGRM	FIRST STATES GROUP, L.P.
-	610 OLD YORK ROAD, SUITE 300
	JENKINTOWN, PA 19046
	
Use attachment if necessary)	
E.V: Effective date if other than t	he date of filing: (OPTION
	be specific and cannot be more than five business d

REQUIRED SIGNATURE:

Signature of a member or an authorized represoftative 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.)

By: EDWARD J. MATEY JR., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)