

Division of Corporations

# W09000020346

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCAC000000023  
Phone : (850) 222-1092  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Tuscany Gardens Apartments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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MAR - 3 2009

EXAMINER

3/2/2009

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tuscany Gardens Apartments, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

Tuscany Gardens Apartments  
535 2nd St. N  
St. Petersburg, FL 33701

**Mailing Address:**

StreetSmart Investments, LLC  
3540 Crain Hwy. PMB#370  
Bowie, MD 20716

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation Systems

Name

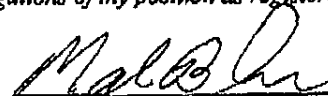
1200 South Pine Island Rd.

Florida street address (P.O. Box **NOT** acceptable)

Plantation, FL 33324 FL

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 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.*



Mark Briskman

Registered Agent and Associated Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

StreetSmart Investments, LLC

3540 Crain Hwy., PMB#370

Bowie, MD 20716

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 1, 2009 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Steven S. Streetman

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)

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