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To:

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

From:

Account Name : RITTER, RITTER & ZARETSKY
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

BRIDGEVIEW APARTMENTS, LLC

Certificate of Status	0
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S. HAWKES

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TALLAHASSEE, FLORIDA

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ROYAL TITLE 000203710

-No. 5925 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRIDGEVIEW 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 is:

Principal Office Address:

7450 Griffin Road, Suite 210
Davie, FL 33314

Mailing Address:

7450 Griffin Road, Suite 210
Davie, FL 33314

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:

Ritter, Zaretsky & Lieber, LLP

Name

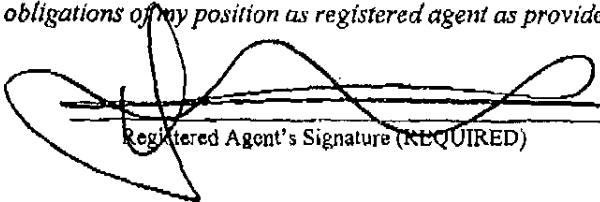
555 NE 15th Street, Suite 100

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

Miami, FL 33132 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 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.


Registered Agent's Signature (REQUIRED)

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H 09000203918 3

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09 SEP 18 AM 8:26
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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ADAM JACOBSON

7450 Griffin Road, Suite 210

Davie, FL 33314

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/18/09 (OPTIONAL)

(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:

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.)

authorized
rep of
member

Typed or printed name of signer

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)

Page 2 of 2

09000203918 3