

L10000065432

(Requestor's Name)

(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:

Office Use Only



600182084336

RECEIVED
10 JUN 18 PM 4:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JUN 21 2010
EXAMINER

RECEIVED
10 JUN 18 AM 8:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 421625 4304492

AUTHORIZATION :

COST LIMIT : \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 18 AM 8:46

ORDER DATE : June 18, 2010

ORDER TIME : 3:54 PM

ORDER NO. : 421625-005

CUSTOMER NO: 4304492

DOMESTIC FILING

NAME: METRO VILLAGE APARTMENTS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

06/18/2010 12:06 3123327655

Jun 18 10 12:57p Merrill Krieger

06/18/2010 11:45 3123327655

813-975-1236

PAGE 03/04

PAGE 01/03 P. 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 18 AM 8:46

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Metro Village 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:

100 North LaSalle St., Suite 2200
Chicago, IL 60602

Mailing Address:

100 North LaSalle St., Suite 2200
Chicago, IL 60602

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:

Phyllis Krieger

Name

16206 Hampton Trace Court

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

Tampa FL 33647

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.

Corporation Service Company

BY: Phyllis Krieger
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

43043494

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:


Blackhawk Apartment Opportunity Fund III LLC,
an Illinois limited liability company
100 North LaSalle St., Suite 2200
Chicago, IL 60602

MGRM

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Gary S. Richman - Authorized Representative

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)