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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GREEN TREE APARTMENTS, LLC			
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ELYSE W. GERMACK			
Name of Person			
AVANT ADVISORS, PLLC			
Firm/Company	SE	10	
261 E. MAPLE ROAD, SUITE 200	LAH.	NON	Ҡ
Address	ASS ASS	ţ	g -
BIRMINGHAM, MI 48009	EE OF	P	2
City/State and Zip Code	TOF	PM I2: 3	,
GERMACK@AVANTADVISORS.COM E-mail address: (to be used for future annual report notification)	<u> </u>	$\frac{\omega}{1}$	
For further information concerning this matter, please call:			
ELYSE W. GERMACK at (248) 594-3011			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \times \\$130.00 Filing Fee \& \times \\$155.00 Filing Fee \& \times \\$160.00 Filing Fee \& \times \times \\$160.00 Filing Fee \& \times	•	Ŀ	

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Street/Courier Address
Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN TREE 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:	Mailing Address:
261 E MAPLE ROAD SUITE 200	SAME
BIRMINGHAM, MI 48009	

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:

HILLARY F. WIL	LIAMS
	Name
161 N. VIRG	INIA AVENUE
Florida :	street address (P.O. Box NOT acceptable)
WINTER PARK	_{FL} 32789
	0': 0: 17'

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 Agan'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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	
MGRM MGRM	HILLARY F. WILLIAMS	
	WINTER PARK, FL 32789	01 (
MGRM	ELYSE W. GERMACK	
	261 E MAPLE ROAD, SUITE 200	
	BIRMINGHAM, MI 48009	
ffective date is listed, the date	han the date of filing:	
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of the date of filing of the date of filing.)	rmen ber or an authorized representative of a member. ction 608 408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State	
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of the date of filing of the date of filing.)	must be specific and cannot be more than five business days prior member or an authorized representative of a member. ction 608 408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of state ee felony as provided for in s.817.155, F.S.) F. WILLIAMS Typed or printed name of signee	
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