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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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12 MAY 18 PH 12: 40
SECRETARY OF STATE

D. BRUCE

MAY 2 1 2012

EXAMINER

EFFECTIVE DATE 05/16/12

COVER LETTER

TO: - Registration Section **Division of Corporations** ARIM South Tampa Fund, LLC SUBJECT: 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: Matthew Fritter Name of Person American Residential Investment Management, LLC Firm/Company 4009 Deep Hollow Drive Address Raleigh, NC 27612 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Casey Babb 387-4723 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee **≤**\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | ampa Fund, 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 | ne principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4009 Deep Hollow Drive | 3312 Rock Creek Drive |
| Raleigh, NC 27612 | Raleigh, NC 27609 |
| | |
| business entity with an active Florida registration.) The name and the Florida street address of | Registered Agent. You must designate an individual of another the registered agent are: |
| N | ame |
| 7650 Courtney Cam | pbell Causeway, Suite 920 |
| Florida stree | et address (P.O. Box <u>NOT</u> acceptable) |
| Т | ampa, FL 33607 |
| Cit | y, State, and Zip |
| liability company at the place designated registered agent and agree to act in this cap | d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S |

Page 1 of 2

(CONTINUED)

FFECTIVE DATE 05/14/12

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

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

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Memi | har |
| MOVAL - MINISTER METER | net |
| MGRM | Matthew Fritter |
| | 3312 Rock Creek Drive |
| | Raleigh, NC 27609 |
| MGRM | Adam Mills |
| | 4009 Deep Hollow Drive |
| | Raleigh, NC 27612 |
| MGRM | Norman Cahan |
| | 283 2nd Street Pike, Suite 180 |
| | Southampton, PA 18966 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) |) |
| (| |
| LEV: Effective date, if other | than the date of filing: May 16, 2012 (OPTIONAL) |
| ffective date is listed, the date | must be specific and cannot be more than five business days prior |
| days after the date of filing.) | |
| | |
| REQUIRED SIGNATURE: | • |
| RECUIRED SIGNATURE. | |
| | A CONTRACTOR OF THE CONTRACTOR |
| | My I |
| | |
| Signature of | a member or an authorized representative of a member. |
| - | a member or an authorized representative of a member. |
| (In accordance with se | a member or an authorized representative of a member. |
| (In accordance with se constitutes an affirma I am aware that any fo | a member or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true also information submitted in a document to the Department of State |
| (In accordance with se constitutes an affirma I am aware that any fo | a member or an authorized representative of a member. |
| (In accordance with se constitutes an affirma I am aware that any fo | a member or an authorized representative of a member. ection 608.408(3). Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. Also information submitted in a document to the Department of State. |

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)