Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : 120030000004 Phone : (407)835-6959

Fax Number : (407)843-4076

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO. TAMPA OAKS APARTMENTS, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

(((H14000157855 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

TAMPA OAKS APARTMENTS, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is: 237 South Westmonte Drive, Suite 140, Altamonte Springs, FL 32714

ARTICLE III - Management

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

<u>Title</u>
"AMBR" = Authorized Member
"MGR" = Manager

AMBR

Name and Address

CV Tampa Oaks Development, LLC 237 South Westmonte Drive, Suite 140 Altamonte Springs, FL 32714

ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent are: Corporation Company of Orlando, 300 South Orange Avenue, Suite 1000 (DTO), Orlando, Florida 32801-5403

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 605, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

3y: _____

(Registered Agent's Signature)

J. Gregory Humphries, Vice President

Signature of a member or authorized representative of a member Daniel T. O'Keefe, Esquire, Authorized Representative

(Typed or printed name of signee)

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes)