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Date: 10/13/2016	Account #: I20000000088
Name: Marisa Kugelmann	
Reference #: B080961-624049	
ENTITY NAME: HYDE PARK SCATTERED APARTMENTS XV LLC	
Articles of Incorporation/Authorization to Transact Business	•
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	16 OCT T
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other:	·

Authorized Amount: #\25.00

Signature:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:			partments XV l		<u> </u>		
	N	ame of Li	mited Liability C	ompany			
	f Existence, and chec			or Authorization to Transact Busing the above referenced foreign limits		lity	
Please return all corre	spondence concernin	g this me	itter to the follow	ing:			
	Nathan Lewis				-		
		N	ame of Person				
	McKinley Inc.						
		F	irm/Company				
	320 N. Main Str	ect, Suite	200				
			Address				
annonananan	Ann Arbor, Mic						
		City/S	State and Zip Cod	e			
	nlewis@mckinle	ey.com			<u> </u>	16	
	E-mail address: (to be use	d for future annua	al report notification)		_	
For further information	concerning this ma	tter, pleas	e call:			SCI	
Nathan Lewis Name of Contact Perso		at	(734) Area Code	389-8380 Daytime Telephone Number		<u> </u>	11
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Table in the second sec	Service Control of the Control of th	No. 24
Enclosed is a check for	the following amount	nt:					
□\$125.00 Filing Fee	S130.00 Filing Certificate of Statu		S155.00 File Certified Copy	ing Fee & D\$160.00 Filing Fe Certificate of Status & C			

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ARTICLES OF ORGANIZATION OF

16 OCT 13 FR 4: 44

HYDE PARK SCATTERED APARTMENTS XV LLC

The undersigned, acting as the organizer Hyde Park Scattered Apartments XV LLC, under the Revised Florida Limited Liability Company Act, Chapter 605, <u>Fla. Stat.</u>, adopts the following Articles of Organization:

ARTICLE I

The name of this limited liability company shall be HYDE PARK SCATTERED APARTMENTS XV LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 320 N. Main Street, Suite 200, Ann Arbor, Michigan 48104, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 180 South Knowles Avenue, Suite 3, Winter Park, FL 32789. The initial registered agent at that address is Harry W. Collison.

ARTICLE IV

This limited liability company shall commence its existence as of the filing hereof and shall exist perpetually thereafter unless sooner dissolved.

ARTICLE V

This limited liability company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization as of the 13 day of October, 2016.

Nathan Lewis, Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST - The name of the limited liability company is HYDE PARK SCATTERED APARTMENTS XV LLC.

SECOND - The name and address of the registered agent and office is:

Harry W. Collison 180 South Knowles Avenue Suite 3 Winter Park, FL 32789

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.

Dated as of the 13 day of October, 2016.

Harry W. Collison, Registered Agent