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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

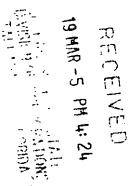
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TALLAHASSEE, FLORIDA

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3/5/19

NAME: PINNACLE POINTE APARTMENTS LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

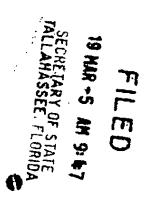
COVER LETTER

	w Filing Section vision of Corporations						
CUBICOT.	Pinnacle Pointe Apartments LLC	2					
SUBJECT:	Name of Limited Liability Company						
The enclose	ed Articles of Organization and fee	(s) are submitted	for filing.				
Please retur	n all correspondence concerning th	is matter to the f	ollowing:				
	Brian Patrick						
	Name of Person						
	Precision Corporate Services, Inc.						
	Firm/Company						
	44 School Street, Suite 325						
	Address						
	Boston, MA 02108						
	City/State and Zip Code						
_	chrissy@stratford.com E-mail address: (to be	used for future a	annual report notification)				
For further is	nformation concerning this matter,						
	Brian Patrick	617 at (227-2276				
	Name of Person	Area Code	Daytime Telephone Number				
Enclosed is	a check for the following amount:						
\$125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of State	us ——Certifi	\$160.00 Filing Fee, ied Copy Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section		Street Address New Filing Section				
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle				

Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:							
Pinnacle Pointe Apartments LLC (Must contain 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:					
c/o Stratford Management 585 Boylston Street 4th Floor		et	c/o Stratford Management 585 Boylston Stre					
Boston, MA 02116			Boston, MA 02116					
another business entity with an a		agent are:	отралу	_				
	236 E. 6th Avenue							
	Florida street address (P.O. Box NOT			_				
	Tailahassee	FL	32303					
	City	State	Zip					
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the approvisions of all statutes religations of my position	ointment as re elating to the as registered	egistered agent and agree t proper and complete perfo	to act in this capacity. I rmance of my duties, and l				
		(CONTIN	UED)					



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Andrew Gordon MGR c/o Stratford Management 585 Boylston Street 4th Floor, Boston, MA 02116 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, F.S. Andrew Gordon Typed or printed name of signee 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)