CT CORPORATION SYSTEM

### CORPORATION(S) NAME

# M0100000157

Alta Chase Apartments, L.I	L.C.		
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() Profit	() Amendment	() Merger S S	
() Nonprofit	()		
(X) Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement	2	
() Limited Partnership	() Annual Report	() Other	
(X) LLC	() Name Registration	() Change of RATE () UCC	
	() Fictitious Name		
() Certified Copy	() Photocopies	() CUS ") \(\frac{12}{12}\) \(\frac{1}{2}\)	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out	() Will Walt	(A) I lea Op	
Name	5/24/01	Order#: 4443029	
Availability		1000043152312	-
Document		1000043152312 -05/24/0101020023	-
Examiner		Ref#: ****125.00 ****125.00	
Updater		-	
Verifier			
W.P. Verifier		Amount: \$	
		71/01	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANIS

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

••	(Name of foreign	n lim	nited liability company)		•
Georgia Georgia		3.	Applied For		
(Jurisdiction under company is organiz	the law of which foreign limited liability ed)	, ·	(FEI number, if applicable)		
May 21, 2001	47	5.	Perpetual		
(Dat	e of Organization)		(Duration: Year limited liability company will exist or "perpetual")	cease to	
Upon Qualificatio	'n				
(Da	te first transacted business in Florida. (Se	ee se	ections 608.501, 608.502, and 817.155, F.S.)	-	
1110 Northchase	Parkway, Suite 150, Marietta, Georgia 3	006	7	=	
					0
	(Street addres	cc of	principal office)	<u>≥</u> Ż	12 AVA
	(Succi addics	33 01	principal office)	AS:	<u>N</u>
. If limited liabili	ity company is a manager-managed	d co	ompany, check here 💌		PH
. The usual busin	ess addresses of the managing me	mb	ers or managers are as follows:		12:
				27.7	47
1110 Northchase	Parkway, Suite 150, Marietta, Georgia 3	3006	<u>i7</u>	<del>`</del>	
<del></del>			<u> </u>	<del></del>	
			-	<u></u>	
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) A44==1:==1:==:::::::::::::::::::::::::::	nal certificate of evictence, no more than 0	M da	sys old, duly authenticated by the official having cust	od rofma	
J. Allacheous an origi			ys old, duty and kinical dry the official having disc	orthon or ten	DIUSI
o. Attached is an ongi e jurisdiction under th	e law of which it is organized. (A photoco	ypy is	s not acceptable. If the certificate is in a foreign language	uage, a	
e jurisdiction under th	e law of which it is organized. (A photoco ate under oath of the translator must be sub	py is	s not acceptable. If the certificate is in a foreign lange	uage, a	
e jurisdiction under th anslation of the certific	e law of which it is organized. (A photoco ate under oath of the translator must be sub	opy is brnitt	s not acceptable. If the certificate is in a foreign lang ted.)		
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VICICI B. Manus

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1	The name of	the I imited	Tiability C	omnonstie:
1.	THE HAIR OF	The Thirtied	$L_{1}au_{1111}$	OHIDAHY 15.

Alto	Chase	Apartments,	TIC
Alla	CHASE	Aparenting,	L.L.V.

2. The name and the Florida street address of the registered agent and office are:

(Name) 2700 North Military Trail

Boca Raton **FL** 33431

Florida street address (P.O. Box NOT ACCEPTABLE)

City/State/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..

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

FL054 - 9/28/99 C T System Online

## Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 011421198
CONTROL NUMBER : 0123490
DATE INC/AUTH/FILED: 05/21/2001
JURISDICTION : GEORGIA
PRINT DATE : 05/22/2001

FORM NUMBER : 211

MORRIS MANNING & MARTIN
VALERIE L. DIAMOND
3343 P'TREE RD 1600 ATLANTIC FIN CNTR
ATLANTA, GA 30326

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia ido hereby certify under the seal of my office that

#### ALTA CHASE APARTMENTS, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox --Secretary of State

APPROVEL AND EILED