

# MD3000001035

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

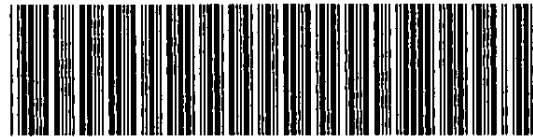
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600241510986

11/08/12--01026--009 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 NOV 21 PM 3:26

C. LEWIS

NOV - 9 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2012

HEATHER BENNETT / THE PRIVATE CLIENT LAW GROUP  
75 14TH ST NE SUITE 2710  
ATLANTA, GA 30309

SUBJECT: SOUTHEAST APARTMENT PARTNERS, LLC  
Ref. Number: M03000001035

We have received your document for SOUTHEAST APARTMENT PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

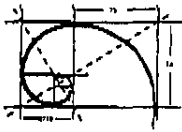
A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 012A00027302



(the) **PRIVATE CLIENT**  
**LAW GROUP**

The Tower Above the Four Seasons  
75 Fourteenth Street • Suite 2710  
Atlanta, Georgia 30309  
office 404 974 3484  
fax 404 974 3486  
www.tpclg.com

November 16, 2012

VIA FACSIMILE TRANSMISSION

850.245.6030 5 PAGES

Florida Department of State

Division of Corporations

**Attn: Carolyn Lewis**

P.O. Box 6327

Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company to File Amendment to  
Application for Authorization to Transact Business in Florida  
Southeast Apartment Partners, LLC

Dear Ms. Lewis:

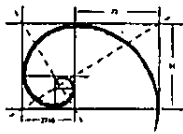
Pursuant to your letter dated November 9, 2012, please find enclosed completed cover letter, completed Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business in Florida, and Certificate of Amendment of Name Change from the Georgia Secretary of State. It is my understanding you have retained the filing fee in the amount of \$25.00.

In my original correspondence to the Department of State, I had included a self-addressed Federal Express envelope for the return of the filed Amendment. I would greatly appreciate if you would please return the filed amendment in that envelope as I had selected expedited mailing. In the alternative, I would appreciate if you would please fax or email the filed Amendment to me to the contact information below.

Please do not hesitate to contact me should you have any questions or need anything further.

Kind regards,  
THE PRIVATE CLIENT LAW GROUP  
*Heather Bennett*  
Heather Bennett  
Paralegal  
Direct: 404.389.9048  
Fax: 404.974.3486  
[hbennett@tpclg.com](mailto:hbennett@tpclg.com)

RECEIVED  
12 NOV 16 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Enclosures



(the) **PRIVATE CLIENT**  
LAW GROUP

The Tower Above the Four Seasons  
75 Fourteenth Street • Suite 2710  
Atlanta, Georgia 30309  
office 404 974 3484  
fax 404 974 3486  
[www.tpclg.com](http://www.tpclg.com)

November 26, 2012

**VIA FACSIMILE TRANSMISSION**

**850.245.6030 5 PAGES**

Florida Department of State

Division of Corporations

**Attn: Carolyn Lewis**

P.O. Box 6327


Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company to File Amendment to  
Application for Authorization to Transact Business in Florida  
Southeast Apartment Partners, LLC

Dear Ms. Lewis:

Pursuant to our discussion today, please find enclosed a Certified Copy of filed documents dated November 19, 2012 and a Certificate of Existence dated November 7, 2012. I would greatly appreciate you filing this at your earliest convenience.

Please do not hesitate to contact me should you have any questions or need anything further.

Kind regards,  
THE PRIVATE CLIENT LAW GROUP  
  
Heather Bennett  
Paralegal  
Direct: 404.389.9048  
Fax: 404.974.3486  
[hbennett@tpclg.com](mailto:hbennett@tpclg.com)

/hab  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southeast Apartment Partners, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Bennett

Name of Person

The Private Client Law Group

Firm/Company

75 14th St., NE, Ste. 2710

Address

Atlanta, GA 30309

City/State and Zip Code

hbennett@tpclg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Bennett

Name of Person

at ( 404 ) 389-9048

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of  
State: SOUTHEAST APARTMENT PARTNERS, LLC

2. Jurisdiction of its organization: GEORGIA

3. Date authorized to do business in Florida: 4/1/2003

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the  
change effected under the laws of its jurisdiction of organization? 7/20/2012

5. New name of the limited liability company: MULTI HOUSING ADVISORS, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in  
Florida and attach a copy of the written consent of the managers or managing members adopting  
the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."  
or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the  
correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned  
amendment(s), duly authenticated by the official having custody of records in the jurisdiction  
under the law of which this entity is organized.

J. Bennett  
Signature of a member or the authorized representative of a member

Authorized Representative  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 NOV 21 PM 3:26

Control No. 0211809

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **MULTI HOUSING ADVISORS, LLC**

##### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 03/04/2002 in Georgia. 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 above-named 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of November, 2012

*B. P. Kemp*

Brian P. Kemp  
Secretary of State

Control No. 0211809

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530

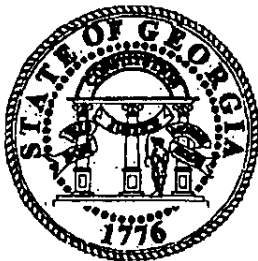
### Certified Copy

I, Brian P. Kemp, Secretary of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

### MULTI HOUSING ADVISORS, LLC

#### Domestic Limited Liability Company

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the 4th day of March, 2002 its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia. This Certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 19th day of November, 2012

*B. P. Kemp*

Brian P. Kemp  
Secretary of State



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

CONTROL NUMBER: 0211809  
EFFECTIVE DATE: 03/04/2002  
JURISDICTION : GEORGIA  
REFERENCE : 0070  
PRINT DATE : 03/11/2002  
FORM NUMBER : 356

CHRIS JOHNSTON  
5 CONCOURSE PARKWAY  
SUITE 3100  
ATLANTA, GA 30328

**CERTIFICATE OF ORGANIZATION**

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

**SOUTHEAST APARTMENT PARTNERS, LLC**  
**A GEORGIA LIMITED LIABILITY COMPANY**

has been duly organized under the laws of the State of Georgia on the effective date stated above by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



*Cathy Cox*

Cathy Cox  
Secretary of State



CATHY COX  
Secretary of State

OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION

315 West Tower, #2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530  
(404) 656-2817

Registered agent, officer, entity status information via the Internet  
<http://www.georgiacorporations.org>

WARREN RARY  
Director

QUINTILIS B. ROBINSON  
Assistant Director

TRANSMITTAL INFORMATION  
GEORGIA LIMITED LIABILITY COMPANY

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCKET #	PENDING #	8436013		CONTROL #
DOCKET CODE	DATE FILED	AMOUNT RECEIVED	CHECK/ RECEIPT #	
TYPE CODE	EXAMINER	JURISDICTION (COUNTY) CODE	LED	

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1.	020280935 LLC Name Reservation Number			
	SOUTHEAST APARTMENT PARTNERS, LLC LLC Name			
2.	CHRIS JOHNSON Applicant/Attorney		(770) 481-1962 Telephone Number	
	S CONCURSE PARKWAY - SUITE 3100 Address			
	ATLANTA City	GA State	30328 Zip Code	
3.	S CONCURSE PARKWAY - SUITE 3100 Principal Office Mailing Address			
	ATLANTA City	GA State	30328 Zip Code	
4.	CT CORPORATION SYSTEM Name of Registered Agent in Georgia			
	1201 PEACHTREE ST NE Registered Office Street Address in Georgia			
	ATLANTA City	FULTON County	GA State	30361 Zip Code
5.	Name and Address of each organizer (Attach additional sheets if necessary)			
	CHRIS JOHNSON Organizer	S CONCURSE PKY - STE 3100 Address	ATL GA City State	30328 Zip Code
	Organizer	Address	City	State Zip Code
6.	Mail or deliver to the Secretary of State, at the above address, the following:			
	1) This transmittal form			
	2) Original and one copy of the Articles of Organization			
	3) Filing fee of \$75.00 payable to Secretary of State. Filing fees are NON-refundable.			
	[Signature] Authorized Signature		2-23-02 Date	
	Member, Manager, Organizer or Attorney-in-fact (Circle one)			
Request certificates and reserve names via the Internet: <a href="http://www.georgiacorporations.org">http://www.georgiacorporations.org</a>				

**ARTICLES OF ORGANIZATION  
OF  
SOUTHEAST APARTMENT PARTNERS, LLC**

**Article 1.**

**The name of the limited liability company is Southeast Apartment Partners, LLC.**

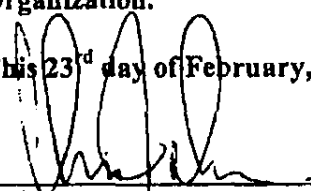
**Article 2.**

**Management of the limited liability company is vested in one or more managers  
whose names and addresses are as follows:**

**Chris B. Johnston  
Five Concourse Parkway  
Suite 3100  
Atlanta, Georgia 30328**

**IN WITNESS WHEREOF, the undersigned has executed these Articles of  
Organization.**

**This 23<sup>d</sup> day of February, 2002.**

  
\_\_\_\_\_  
**Chris B. Johnston  
Manager**

SECRETARY OF STATE  
2002-02-14 A.M.