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DIVISION OF CORPORATION

FOREIGN LIMITED LIABILITY COMPANY

Kings Lynn Lake Apartments, LLC

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Estimated Charge	\$160.00

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

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

1. Kings Lynn Lake Apartments, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 73-1720420
(FBI number, if applicable)
4. December 15, 2004
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification.
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 201 Alhambra Circle, Suite 601, C. Gables, FL 33134
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

MGR: Ronald R. Fieldstone, 201 Alhambra Circle, Suite 601, C. Gables, FL 33134

MGR: Joseph G. Lubeck, 825 Parkway Street, Suite 4, Jupiter, FL 33477

MGR: Paul A. Lester, 201 Alhambra Circle, Suite 601, C. Gables, FL 33134

MGR: David Shear, 201 Alhambra Circle, Suite 601, Coral Gables, FL 33134

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

real estate investments

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ronald R. Fieldstone, Authorized Representative

Typed or printed name of signer

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**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 Limited Liability Company is:

Kings Lynn Lake Apartments, LLC

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

Ronald R. Fieldstone

(Name)

201 Alhambra Circle, Suite 601

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

C. Gables

FL

33134

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, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

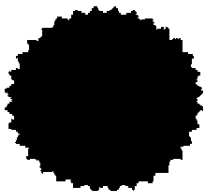
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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "KINGS LYNN LAKE APARTMENTS, LLC" FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2004, AT 4:04 O'CLOCK P.M.

3897530 8100V

040910569



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3553389

DATE: 12-15-04

**CERTIFICATE OF FORMATION
OF
KINGS LYNN LAKE APARTMENTS, LLC**

The undersigned being an authorized person for purposes of executing this Certificate of Formation on behalf of **KINGS LYNN LAKE APARTMENTS, LLC**, a Delaware Limited Liability Company (the "LLC"), desiring to comply with the requirements of 6 Del. C. § 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 Del. C. § 18-101, et seq. (the "Act"), hereby certifies as follows:

1. Name of the LLC. The name of the LLC is **KINGS LYNN LAKE APARTMENTS, LLC.**
2. Registered Office and Registered Agent of the LLC. The name of the registered agent for service of process on the LLC in the State of Delaware is The First State Registered Agent Company. The address of the registered agent of the LLC and the address of the registered office of the LLC in the State of Delaware is 1925 Lovering Avenue, City of Wilmington, County of New Castle, Delaware 19806.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provision of 6 Del. C. § 18-201 this 30 day of November, 2004.



Ronald R. Fieldstone, Authorized Person

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State of Delaware
Secretary of State
Division of Corporations
Delivered 04:04 PM 12/15/2004
FILED 04:04 PM 12/15/2004
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