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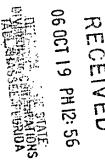
(Requestor's Name)	
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, , , , ,	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





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SECRETARY OF STATE
SECRETARY OF STATE





ACCOUNT NO. : 072100000032 REFERENCE : 537690 4804708 AUTHORIZATION : Spelle na. COST LIMIT : 125.00
ORDER DATE: October 19, 2006
ORDER TIME : 11:02 AM
ORDER NO. : 537690-005
CUSTOMER NO: 4804708
FOREIGN FILINGS NAME: LVF TOWN PLACE APARTMENTS, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Matthew Young EXT# 2962
EXAMINER:

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

LVF TOWN P	LACE APARTMEN			`	ALCA CA
	(Name of F	oreign Limited Lia	bility Company)		75/2
Delaware		3			50
diction under the any is organized)	law of which foreign l	limited liability	(FEI num	ber, if applicable)	6
October 18	, 2006	5.	Perpetual		
(Date of	Organization)		(Duration: Year limite exist or "perpetual")	d liability company	will cease to
Upon quali	fication				
	(See sections 409 50	d business in Flori	da, if prior to registration determine penalty liabil	.)	·
NA THE OF	•		determine penaity nabil	ııy <i>)</i>	
STO ING CI	arion Partner	. 5	<u> </u>		
230 Park Á	venue, New Yo	ork. NY 101	69		•
		(Street Address of			
		•	- '		
•			ompany, check here [ows:
name and usu	al business address	ses of the manag			ows:
name and usu	al business address	ses of the manag	ging members or man		ows:
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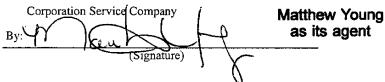
Typed or printed name of signee

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. Th	he name of the Limited Liability Company is:					
LVF	TOWN PLACE APARTMENTS, LLC					
2. Th	he name and the Florida street address of the registered agent and office are:					
	Corporation Service Company					
	(Name)					
	1201 Hays Street					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee FL 32301					
	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.



\$ 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

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LVF TOWN PLACE APARTMENTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LVF TOWN PLACE APARTMENTS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harrlet Smith Windsor, Secretary of State

AUTHENTICATION: 5127287

Varnet Smith Him

DATE: 10-19-06

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