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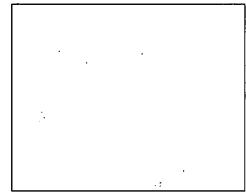
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ENTITY NAME:

POST HYDE PARK, LLC

CK# 3686

AMOUNT \$155.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

____ STAMPED COPY

___ CERTIFICATE OF STATUS

COVER LETTER

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| co | nited Liability Company) ashility Company for Authorization to Transact Business in | |
| TO: Registration Section | | |
| Division of Corporations | | |
| Dot Hude Dark I C | Sec. 3 | |
| SUBJECT: Post Hyde Park, LLC (Name of Lin | nited Liability Company) | |
| • | sbility Company for Authorization to Transact Business in | |
| Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Kathryn Palmer | | |
| (N | ame of Person) | |
| c/o King & Spalding LLP | | |
| (Fi | rm/Company) | |
| | | |
| 1180 Peachinee Street NB | (Address) | |
| | (Authors) | |
| Atlanta, GA 30309 | | |
| (City/S | ate and Zip Code) | |
| For further information concerning this matter, ple | ease call: | |
| Kathryn Palmer | at (404) 572-3131 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| MAILING ADDRESS: | STREET ADDRESS: | |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |
| | Tallahassee, FL 32301 | |
| Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee} & | S155.00 Filing Fee & S160.00 Filing Fee, Certificate | |
| Certificate of | | |

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: Post Hyde Park, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.U.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Georgia (Jurisdiction under the law of which foreign limited liability company is organized) (Fill number, if applicable) 5. Perpetual December 10, 2008 (Date of Organization) (Duration: Year limited liability company will coase to exist or "perpetual") (Date first transacted business in Florids, if prior to registration.)
(See sections 608.301 & 608.502 F.S. to determine penalty liability) c/o Post Apartment Homes, L.P., 4401 Northelde Parkway, Suite 800, Atlanta, GA 30327 (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: Post Apartment Romes, L.P. 4401 Northside Parkway, Suite 800, Atlanta, QA 30327 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 fireign language, a translation of the contificate under outh of the translator must be galaxitied.) 11. Nature of business or purposes to be conducted or promoted in Florida: To engage in any lawful act or activity and to exercise any powers permitted to limited liability companies in Florida Post Hyde Park, LLC, a Georgia illusted liability exempany By: Post Apartment Homes, L.P., a Georgia limited perturnish, in sole member By: Post GP Holdings, Inc. a Cleargia corporation its sole etteral partner By:

Sherry

Title:

W. Cohen

Executive Vice President

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.

| any is: | · |
|----------------------|---|
| | |
| e used in the state | of Florida is; |
| of the registered a | agent and office are: |
| RAI Services, Inc. | |
| (Name) | |
| cutive Park Drive, S | uite 4 |
| ross (P.O. Box NOT | ACCEPTABLE) |
| · FL | 33331 |
| City/State/Zip | |
| | o used in the state of the registered a RAI Services, Inc. (Name) cutive Park Drive, Services (P.O. Box NO) |

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.

By: Elean Chaldock (Signature)

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

Control No. 08091276

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

POST HYDE PARK, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/10/2008 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 11th day of December, 2008

Karen C Handel Secretary of State

faun Claudel

Certification Number: 3283206-1 Reference: Verify this certificate online at http://corp.sos.stste.ga.us/corp/soskb/verify.asp