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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Atlas FL II SPE, LLC

Certificate of Status	0
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MAR 16 2009

EXAMINER

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:

Atlas FL II SPE, LI (Name of Fore		nust include "Limited Liability Company," "L.L.C.," or "L	LC.")
1	g	man more semant semper, the pro-	
name unavailable, esent of the manage npany,""L.L.C.,"	rs or managing members adopting	the purpose of transacting business in Florida and attach a case the alternate name. The alternate name must include "Lin	opy of the valued Liabili
North Carolina		3	
Jurisdiction under to company is organize	the law of which foreign limited (ed)	(FEI number, if applicable)	
3-12-	-09	5 Perpetual	
(Daic	e of Organization)	(Duration: Year limited liability company will exist or "perpetual")	_
Upon filing			M 60
	(Date first transacted busine (See sections 608.501 & 608	ess in Florida, if prior to registration.) .502 F.S. to determine penalty liability)	***
C/O Jeff McKay, BB&T, 200 West Second Street, 3rd Floor			ယ
Winston-Salem, NC 27101			
	(Street	Address of Principal Office)	
PO11		anaged company, check here	4
Board of Directors	, C/O Jeff McKay, BB&T, 200 W	Vest Second Street, 3rd Ploor, Winston-Salem, NC 27101	
jurisdiction under the slation of the certifica	e law of which it is organized. (A.p. ate under oath of the translator must	,	
Nature of busin	ess or purposes to be condu	cted or promoted in Florida: real estate	· · · · · ·
	Ma		 ·
	(In accordance with section 608.4	r an authorized representative of a member. 408(3), F.S., the execution of this document constitutes as of perjury that the facts stated herein are true.)	
		Actorned Person	
		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 Limited Liability Company is: Atlas FL II SPR, LLC							
If name unavai	If name unavailable, the alternate name to be used in the state of Florida is:						
2. The name as	od the Florida street address	of the registered a	gent and office are:				
	ст	Corporation System					
		(Name)					
	1200	South Pine Island Ros	d				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Plantation	FΙ.	33324				
		City/State/Zip					
liability compan agent and agree relating to the pi	med as registered agent and t y at the place designated in it to act in this capacity. I furt roper and complete performa y position as registered agent CT Corporation System	his certificate, I her her agree to compl nce of my duties, a	eby accept the appointme y with the provisions of al nd I am familiar with and Chapter 608, Florida Sta	nt as registerea ll statutes 'accept the			
	\$ 100.00	Filing Fee for A	nnlication				
	\$ 25.00		Registered Agent				

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ATLAS FL II SPE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 12th day of March, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Certification# 89017094-1 Reference# 9595754- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of March, 2009.

Secretary of State

Elaine I. Marshall