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Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

: (850)222-1092

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### Foreign Limited Liability Company Morrison Grove CAPREIT, LLC

Certificate of Status	0
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J. BRYAN

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#### COVER LETTER

TO:	Registration Section Division of Corporati	ons								
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For furt	her information concern	ing this matter, plea	ac call;				•	器	8: 09	
	Charle	es M. Pinckney		at (	813	1	258-8701	D[**	_	
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	MAILING ADDRES: Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Divisi Regist Cliftor 2661 I	ET ADD on of Cor ration Sea Building Executive assee, PL	porations tion Center Circ	ie				
Enclos	ed is a check for the	following amou	nt:							
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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRAINSACT BUSINESS IN THE STATE OF FLORIDA:

	HALLED ENDIEST COMMUNICATION DOMINESS IN THE STATE OF CENTURY.	
1.	Morrison Grove CAPREIT, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	
co	onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabiff company," "L.L.C," "LLC.")	ly
C	ompuny, "L.L.C, "LLC.)	
2.	Maryland - 3. 27-1065303	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	September 14, 2009 5 perpetual	
٠.	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	upon Gling	<b>A</b> .
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	<u> </u>
	(See sections and, 501 & 506,502 P.s. to determine penalty maintry)	<u> </u>
7.	744 South Village Circle	υ <u></u> .
		הׁ וֹ
	Tampa, Flurida 33606 (Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	ර ජා
	RET.	9
9.	The name and usual business addresses of the managing members or managers are as follows:	_
	Marcliff CS LLC 11200 Rockville Piko, Suite 100, Rockville, MD 20852	
	Habitati Ca des Trado Adas vano (186) des tos, tos anos anos anos anos anos anos anos an	
	Morrison Grove CS Venture Partner, LLC 744 South Village Circle, Tampa, FL 33606	
10.	Altached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of second	rds in
the	e jurisdiction under the law of which it is organized. (A pholocopy is not acceptable. If the certificate is in a foreign language, a	
UM	nstation of the certificate under oath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida: organized for the purpose of	
	engaging in and doing any act concerning any or all lawful business for which an LLC may be organized in Florida	
	Can A Out	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608,408(1), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Charles M. Pinckney	
	Typed or printed name of signee	
	t Aben of bittiren traute or signer	

## 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	f the Limited Liability C	lompany is:		
	Mor	rison Grave CAPREIT, LLC		_
If unavailable,	the alternate to be used i	in the state of Florida is:		
2. The name ar	nd the Florida street add	ress of the registered agent and o	ffice are:	- 10
		C T Corporation System (Name)	LAHAS	第一
		200 South Pine Island Roud Address (P.O. Box NOT ACCEPTABLE	RY OF SEE, FL	3 E 9 C
	Plantation	FL 33324 City/State/Zip	ORIDA	7ATE
liability company agent and agree relating to the problems of my	y at the place designated to act in this capacity. I roper and complete perfo	and to accept service of process for in this certificate, I hereby accept further agree to comply with the permance of my duties, and I am fair gent as provided for in Chapter 66 Connie Bryan  Assistant Secretari	the appointment as registe provisions of all statutes niliar with and accept the 08, Florida Statutes.	sr <b>e</b> d

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

# STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MORRISON GROVE CAPREIT, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENT'S AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 05, 2010.

Paul B. Anderson Charter Division SECRETARY OF STATE FALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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