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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	#)	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
	•	
(Document Number)		
Certified Copies Certificates	of Status	
Special Instructions to Filing Officer:		
Please call When Ready 656-7956 Melissa		
When Keady 656-7956		
Melison		

Office Use Only



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B. KOHR

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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ		oportunity Fund General Partner, LLC Name of Limited Liability Company	O NOR.		
			•		
		Liability Company for Authorization to Transact Business in the above referenced foreign limited liability company to tran			
	return all correspondence concerning this		ن. د		
		Melissa			
		Name of Person			
		Incorporating Services, Ltd.			
		Firm/Company			
	1540 Glenway Drive				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Tallahassee, FL 32301				
	City/State and Zip Code				
		acabico@howardrice.com			
	E-mail addres	s: (to be used for future annual report notification)			
For fur	ther information concerning this matter, p	please call:			
	Melissa	at () 656-7956			
	Name of Person	Area Code & Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building			
Enclo	Tallahassee, FL 32314 sed is a check for the following am	2661 Executive Center Circle 'Tallahassee, FL 32301 nount:			
	\$125.00 Filing Fee \$130.00 Filing Fee Certifica		ng Fee, Certificate & Certified Copy		

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

•	2 9
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF F	LOWING IS SUBMITTED TO REGISTER A FOREIGI LORIDA:
1 Encore Housing Opportunity Fund G	eneral Partner, LLC
(Name of Foreign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transactions of the managers or managing members adopting the alternate name. Company," "L.L.C," "LLC.")	
Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3.	26-4023241 (FEI number, if applicable)
4. December 10, 2008 5. (Duration) (Duration exist or	perpetual on: Year limited liability company will cease to "perpetual")
6. April 1, 2010	}
(Date first transacted business in Florida, if prio (See sections 608.501 & 608.502 F.S. to determin	rito registration.) e penalty liability)
7. 1951 N.W. 19th Street, Suite 200, Boca Raton, FL 3343	1
(Street Address of Principal	
8. If limited liability company is a manager-managed company,	check here
9. The name and usual business addresses of the managing mem	nbers or managers are as follows:
Avila Encore LLC - 1951 N.W. 19th Street, Suite 200, E	oca Raton, FL 33431
Encore AF Investor, LLC - 1951 N.W. 19th Street, Suite	200, Boca Raton, FL 33431
10. Attached is an original certificate of existence, no more than 90 days old, duly the jurisdiction under the law of which it is organized. (A photocopy is not accept ranslation of the certificate under oath of the translator must be submitted.)	authenticated by the official having custody of records in table. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or promoted	in Florida:
investment manageme	ent
- Aug Cil	
Signature of a member or an authorized re (In accordance with section 608.408(3), F.S., the execu- an affirmation under the people of except that the Ma By: Anthony Avila, its Pre	tion of this document constitutes ក្តុំស្រួងted herein are true.)
Typed or printed name of s	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:	; 1
Encore Housing Opportunity Fund G	eneral Partner, LLC
If unavailable, the alternate to be used in the state of Florida	is:
2. The name and the Florida street address of the registered	agent and office are:
Anthony Avila	
(Name)	
1951 N.W. 19th Street, S	uite 200 .
Florida Street Address (P.O. Box NO	T ACCEPTABLE)
Boca Raton, FL 334	121
City/State/Zip	TV-1
,	
Having been named as registered agent and to accept service liability company at the place designated in this certificate, I hagent and agree to act in this capacity. I further agree to comprelating to the proper and complete performance of my duties, obligations of my position as registered agent as provided for	ereby accept the appointment as registered ply with the provisions of all statutes and I am familiar with and accept the
(Signature)	

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25,00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENCORE HOUSING OPPORTUNITY FUND

GENERAL PARTNER, 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 NINTH DAY OF

APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCORE HOUSING OPPORTUNITY FUND GENERAL PARTNER, LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4626481 8300

100368275

DATE: 04-09-10

AUTHENTYCATION: 7922800

jeffrey W. Bullock, Secretary of State

You may verify this certificate online at corp. delaware.gov/authver.shtml