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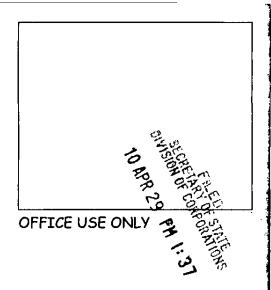
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EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

ATRIUMS MULTIFAMILY PARTNERS, LLC

CK# 4577 FOR \$155.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

____ STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

Registration Section

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee &

Certificate of Status

TO:

Division of Corporations SUBJECT: Atriums Multifarnily Partners, LLC (Name of Limited Liability Company) The enclosed "Application by Foreign Limited Liability 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: Mr. Frederic A. Scarola (Name of Person) Atriums Multifamily Partners, LLC (Firm/Company) 4515 Harding Road, Suite 210 (Address) Nashville, Tennessee 37205 (City/State and Zip Code) For further information concerning this matter, please call: Frederic A. Scarola at (615 y 250-1616 (Name of Person) (Area Code & Daytime Telephone Number) MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

\$155.00 Filing Fee & \$\infty\$\$ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED I JABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Airlums Mullifamily Pariners, 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 transacting business in Florida and attach 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.") (Jurisdiction under the law of which foreign limited liabilit company is organized) (FEI number, If applicable) 4. April 16, 2010 Perpetuel (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608,501 & 608,502 P.S. to determine penalty liability) 7. 4515 Harding Road, Suite 210, Nashville, Tennessee 37205 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here [7] 9. The name and usual business addresses of the managing members or managers are as follows: Frederic A. Sosrola, 4515 Herding Road, Sullo 210, Nashville, Tennessee 37205 10. Attached is an original certificate of existence, no more than 90 days old, duty 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 foreign language a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: own and operate apartment complex Signature of a thember of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Frederio A. Scarola

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.

Atriums Multifa	of the Limited Liability amily Partners, LLC		<u></u>
If name unava	ailable, the alternate nan	me to be used in the state of Florida is:	
2. The name	and the Florida street ac	ddress of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	
	2731 Executive Park [Drive, Suite 4	
		Drive, Suite 4	

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. NRAI Services, Inc.

By: Eules Chablack (Signature)

Eileen Chaddock

Special Asst. Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "ATRIUMS MULTIFAMILY PARTNERS, 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 TWENTY-EIGHTH DAY OF APRIL, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATRIUMS MULTIFAMILY PARTNERS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2010.

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

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100437131

AUTHENTY CATION: 7960557

DATE: 04-28-10

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