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CRANDON MULTIFAMILY PARTNERS, LLC

TYPE OF FILING: FOREIGN QUAL. ARTICLES OF ORGANIZATION

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Registration Section

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee &

TO JULION CONTROL OF THE PARTY Division of Corporations SUBJECT: Brandon Multifemily Pertners, 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. Govan D. White (Name of Person) Brandon 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: Govan D. White (Area Code & Daytime Telephone Number) (Name of Person) MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Certified Copy

Certificate of Status

\$155.00 Filing Fee & S160.00 Filing Fee, Certificate

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ı, Brandon Multifamily Periners, LLC	
(Name of Poreign Unified 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C.," "LLC.")	Written lity
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (PBI number, if applicable) company is organized)	•
1 June 17, 2010 5 Pemplusi	
(Date of Ofganization) (Diration: Year limited liability company will cease to exist or "perpetual")	•
5	
(Date first transacted business in Ploride, if there to realistation.) (See sections 608.301 & 608.302 F.S. to determine penalty lightility)	•
7. 4515 Harding Road, Suite 210, Nashville, Tennesses 37205	
(Street Address of Print/pal Office)	-
3. If limited liability company is a manager-managed company, check here 🔽	
P. The name and usual business addresses of the managing members or managers are as follows:	
Govan D. White, 4515 Harding Road, Suite 210, Nashville, Tennossee 37205	
The second secon	. •
10. Attached is an original certificate of existence, no more than 90 days old, thily authenticated by the official having custody of reclambidation under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under each of the translator must be laubruitted.)	ords in
Nature of business or purposes to be conducted or promoted in Florida:	
own and operate spartment complex	,
W_M	
Signature of a member or an authorized representative of a member. (In accordance with section 601,498(3), P.S., the execution of this document constitutes an affirmation under the penalties of perfury that the facts stated herein are true.)	
Govan D. While	
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.

If name unavailable, the alternate name to be used in the state of Florida is:					
2. The name a	and the Florida street a	address of the registered agent and office are:			
	NRAI Services, Inc.		_		
	 -	(Name)			
	2731 Executive Park	Drive, Suite 4			
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	-		
	Weston	FJ. 33331	_		
		City/State/Zip			
liability compa agent and agre relating to the	my at the place designa te to act in this capacity proper and complete p	ent and to accept service of process for the above stated in this certificate, I hereby accept the appointny. I further agree to comply with the provisions of erformance of my duties, and I am familiar with aneed agent as provided for in Chapter 608, Florida S	nent as registere all statutes nd accept the		

ed NRAI Services, Inc.

(Signature)

Special Asst. Secretary

\$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25,00

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BRANDON 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 EIGHTEENTH DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRANDON MULTIFAMILY PARTNERS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2010.

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

4837465 8300

100665140

You may verify this certificate enline at corp.doleware.gov/authvez.shtml Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 8062239

DATE: 06-18-10