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Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

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(((H100001952103)))



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Account Name : BETH E. LINZNER, P.A.

Account Number : 120030000140

Phone : (561)999-9300 Fax Number : (561)892-7920 10 SEP -2 AM 8: 53
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: amaling ar Capital. Com

Foreign Limited Liability Company EAGLES APARTMENTS, LLC

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ALLAHASSEE. FLORIDA

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September 2, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BETH E. LINZNER, P.A.

SUBJECT: EAGLES APARTMENTS, LLC

REF: W10000041473

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H10000195210 Letter Number: 110A00021024

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:

1. EAGLES / (Name of Foreign Limited Liability Company; ma	APARTME	NTS, LLC nited Liability Company," "L.L.C.,"	'or "LLC.")	
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company," "L.L.C," "Ll.C.")	e purpose of tra the alternate na	unsacting business in Florida and att une. The alternate name must include	ach a copy of the	written ility
2. State of Georgia (Jurisdiction under the law of which foreign limited lie	3	27-3325046 (FEI number, if applicab		_
(Jurisdiction under the law of which foreign limited lis company is organized)				
4. 08/25/2010	5	Perpetual pration: Year limited liability complete	31	_
(Uate of Organization)	(D)	ration: Year limited liability compl st or "perpetual")		_
6. 08/25/2010			AM SP	_
(Date first transacted busine (See sections 608.501 & 608.5	ss in Florida, if 502 F.S. to dete	prior to registration.) mine penalty liability)	SSE SSE	, ILE
7. 6445 Powers Ferry Road, Suite 205				Ö
			<u> </u>	•
Atlanta, GA 30339	ddress of Princ	inal Office)	- 종유 - 양	_
			>	
8. If limited liability company is a manager-ma	naged compa	any, check here 🔽		
9. The name and usual business addresses of th	e managing i	members or managers are as f	ollows:	
Eagles Pointe Manager, LLC		·- <u></u>	<u> </u>	_
6445 Powers Ferry Road, Suite 205				
Atlanta, GA 30339				.
10. Attached is an original certificate of existence, no more to the jurisdiction under the law of which it is organized. (A ph translation of the certificate under eath of the translator must	rotocopy is not a	duly authenticated by the official han eceptable. If the certificate is in a for	ring custody of re eign language, a	cords in
11. Nature of business or purposes to be conduc	cted or promo	oted in Florida: Ownership o	of real estate	<u>:</u>
				~·
Juli E	Dun	uer		
Signature of a member or	an authorize	d 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.)				
ETIY &	Link 13	NEC		
	rinted name			

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:	
EAGLES APARTMENTS, 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:	
Beth E. Linzner, Esq. (Name)	10 SEP SECRET
Florida Street Address (P.O. Box NOT ACCEPTABLE)	-2 AR (ARY OF S ASSEE, FI
Boca Raton, FL 33431 City/State/Zip	8: 53 STATE LORIDA

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 10058576

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

EAGLES APARTMENTS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 08/25/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of caucellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official scal of the City of Atlanta and the State of Georgia on 26th day of August, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 6112718-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp