Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (950)878-5368



\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil	Address:			
RMSTT	ACCIENS:			

#### Foreign Limited Liability Company Mill Creek Residential Trust North Florida LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

#### **COVER LETTER**

TO:		tration Section on of Corporations				
Subje	cr. M	fill Creek Residential Trust N	North Florida L	LC		
			Name of L	imited Liability Com	рыпу	<del>,</del>
The enc Existen	closed "	Application by Foreign Limit check are submitted to regist	ited Liability Co ter the above re	empany for Authoriz ferenced foreign timi	ation to Transact Busine	ess in Plorida," Certificate of pransact business in Florida
Please r	return al	l correspondence concerning	this matter to	the following:		
		Cholses M. Bone				
				Name of Person		
		Јолов Дву				
				Firm/Company		
		325 John H. McConnell Bl	lvd Suite 600			SEC ON THE
				Address		一部公司
		Columbus OH 43215				10 DEC 22 AM 10: 25 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE ORIO
			City	State and Zip Code		
		cmellis@jonesday.com				25
		E-mail ad	dress: (to be us	ed for future annual	report notification)	<u> </u>
For furt	her info	rmation concerning this matt	ter, please cuil:			
	Chelse	a M. Bone		at ( 614	281-3687	
		Name of Person	A	rea Code & Daytime	Telephone Number	
	Division Registre P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	Divis Regis Clifto 2661	EET ADDRESS: ion of Corporations stration Section on Building Executive Center Ci- hassee, FL 32301	rcle	
		check for the following 0 Filing Fee \$130.00 F Certificate		\$155.00 Filing Fee Certified Copy	e & S160.00 Filing of Status & Co	Fee, Certificate ertified Copy

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## 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 Mill Creek Residential Trust North Florida LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
N/A
(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.")
2. Delaware 3. 27-2868228
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. July 27, 2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. August 1, 2010
(Date first transacted business in Florida, if prior to registration.)
(See sections 603.501 & 603.502 F.S. to determine penalty liability)
7. 200 E. Robinson Street, Suits 210, Orlando, FL 32801
SS S S S S S S S S S S S S S S S S S S
(Street Address of Principal Office)
<u></u>
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Mill Creek Residential Trust LLC
2001 Bryan Street, Suite 3275
Dallas, TX 75201
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the furisdiction 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Multifamily residential ownership and management
Merkedompsey
Signature of a member or an authorized refresentative of a member.
(In accordance with acction 608.404(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information aubmitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Mark R. Dempsey, CFO Authorized Person

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.

	of the Limited Liability Company is:	
Muli Crook Resid	dential Trust North Florida LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
N/A		
2. The name a	and the Florida street address of the registered agent and office are:	10 DEC 22 SECRETAR
	C T Corporation System	22 23
•	(Name)	٠ - المسترين
	1200 South Pine Island Road	AH 10: 25 OF STATE EE, FLORIT
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)	10: 25 FLORIDA
	Plantation PL 33324	200
	City/State/Zip	<del></del>

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.

C T Corporation System

By: Joyce Gilbert, Asst. Secretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 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 "MILL CREEK RESIDENTIAL TRUST NORTH
FLORIDA 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-SECOND
DAY OF DECEMBER, A.D. 2010.

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

10 DEC 22 AH IO: 25
SECRETARY OF STATE
ANASSEE, FLORID

4852988 8300

101221830

You may verify this cartificate onlinet corp. delevare. gov/authver. shtml

Jeffrey W. Bullock, Secretary of State

DTRENTY CATION: 8447488

DATE: 12-22-10