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

FYOM:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)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: |  |  |  |
|--------|----------|--|--|--|

## Foreign Limited Liability Company PP Uptown, LLC

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

K. BALY **EXAMINER** JAN 28 2011

### **COVER LETTER**

|                           |   | Name of Limited Liability Company  |   |
|---------------------------|---|--|---|
| Existence, and            | I shock are submitted to register t                             | Liability Company for Authorization to Transact Business in Florid<br>he above referenced foreign limited liability company to transact bu |   |
| Please return i           | ell correspondence concerning this                              | s matter to the following:   |   |
|                           | Jan R. Ezell, Corporate Paralo                                  | gal  | _ |
|                           |   | Name of Person   | • |
|                           | Alama & Bird LLP  |  |   |
|                           |   | . Firm/Company   | • |
| •                         | 1201 West Penchires Street                                      |  |   |
|                           |   | Address  | • |
|                           | Atlanta, GA 30309-3424  |  |   |
|                           |   | City/State and Zip Code  | • |
|                           | jross@pollackpartners.com                                       |  | _ |
|                           | B-mail address  | s: (to be used for future annual report actification)  | _ |
| Por further info          | ernation concerning this matter, p                              | Please call:   |   |
| Jan R.                    | R2011   | at (404 ) 881-7442   |   |
|                           | Name of Person  | Area Code & Daytime Telephone Number   | • |
| Division Rogist<br>P.O. B | ING ADDRESS:<br>an of Corporations<br>ration Section<br>ox 6327 | STREET ADDRESS: Division of Corporations Registration Scotlan Clifton Building   |   |
|                           | nssoo, FL 32314   | 2661 Executive Center Circle   |   |

FILED

11 JAN 27 AM 8: 46

SELVICIANY OF STATE

PRIZATION TO

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

|      | TRANSAUT BU  | SI.  | ness in Florida   |  |
|------|--|------|---|--|
|      | I COMPLIANCE WITH SECTION 608.503, FLORIDA STATU.<br>MITED LIBILITY COMPANY TO TRANSACT BUSINESS IN TH   |      | S, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE<br>STATE OF FLORIDA:   | ØĠ   |
| 1    | PP Uptown, LLC   |      |   |  |
|      | (Name of Foreign Limited Liability Company; must incl  | lud  | e "Limited Liability Company," "L.L.C.," or "LLC.")   | secting business in Florids and attach a copy of the writtens. The atternate name must include "Limited Liability (FEI number, if applicable)  all stion: Year limited liability company will cease to or "perpetual")  for to registration.)  sine penalty liability) |
| , co | name unavailable, enter alternate name adopted for the purposent of the managers or managing members adopting the alternate, "L.L.C." LL.C."   | 066  | of transacting business in Florida and attach a copy of the writes name. The atternate name must include "Limited Liability | ltter  |
| 2.   | Dolawaro   | 3.   | 27-4662519  |  |
|      | (Jurisdiction under the law of which foreign limited liability company is organized)   | •,   | (FEI number, if applicable)   |  |
| 4.   | January 25, 2011   | 5.   | perpetual   |  |
| •    | (Date of Organization)   | -,   | (Duration: Your limited liability company will cease to exist or "perpetual")   |  |
| 6    | open registration  |      |   |  |
| ν.   | (Date first transected business in F<br>(See sections 608.501 & 608.502 F.S  | ori  | ds, if prior to registration.) o determine penalty liability)   | ,  |
| 7    | 5605 Cienridge Drive, Suite 775, Atlanta, GA 30342   |      |   |  |
| ٠.   | <u> </u>   |      |   |  |
|      | (Street Address  | of   | Principsi Office)   |  |
|      | •  |      |   |  |
| 8.   | If limited liability company is a manager-managed  | ic   | ompany, check here 🔀  |  |
| 9.   | The name and usual business addresses of the man   | 182  | ing members or managers are as follows:   |  |
|      | Pollack Partners, LLC  |      |   |  |
|      | 5605 Glenridge Drive, Suite 775, Atlanta, GA 30342   |      |   |  |
|      |  |      |   |  |
| the  | Attached is an original certificate of existence, no more than 90 of jurisdiction under the law of which it is organized. (A photocopy station of the certificate under certh of the translator must be subm | уŀ   |   | i In   |
| 11.  | Nature of business or purposes to be conducted or  | r p  | romoted in Florida:   |  |
|      | real estate investment   |      |   |  |
| •    | 1. 1.1   |      | 12  |  |
|      | Signature of a member or an aut  | 7    | prized representative of a member.  |  |
|      | (In squordance with sention 608,408(3), F.S., the execu  | utio | n of this document constitutes an affirmation under the   |  |
|      | penalties of perjury that the facts stated heroin are the  | o. I | am aware that any false information submitted in a<br>hird degree felony as provided for in s.817.155, P.S.)                |  |

Typed or printed name of signee

Scan J. Reynolds

# 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.

| PP Uptown,                                      | ne of the Limited Liabilit<br>LLC  | y Company is.   |  |
|---|--|---|--|
| If unavailal                                    | ble, the alternate to be use   | ed in the state of Florida is:  |  |
| 2. The nam                                      | ne and the Florida street a  | ddress of the registered agent and office   | аго:   |
|   | C T Corporation System   |   |  |
|   |  | (Name)  |  |
|   | 1200 South Pine Island I   | toad  |  |
|   | Plorida St   | root Address (P.O. Box NOT ACCEPTABLE)  |  |
|   | Plantation   | FL 33324  |  |
|   |  | City/State/Zip  |  |
| liability com<br>agent and ag<br>relating to th | pany at the place designa<br>gree to act in this capacity<br>he proper and complete pe | nt and to accept service of process for the ted in this certificate, I hereby accept the a. I further agree to comply with the provise formance of my duties, and I am familiand agent as provided for in Chapter 608, F. n. System | appointment as registered<br>sions of all statutes<br>rwith and accept the |

Filing Fee for Application
Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

(Signature)

Danny Verdecchia, Jr. Asst. Secretary

\$ 100.00 \$ 25.00

\$ 30.00 \$ 5.00

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PP UPTOWN, 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 THENTY-SIXTH DAY OF JANUARY, A.D. 2011.

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

DATE: 01-26-11