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EXAMINER

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SECRETARY OF STATE



ACCOUNT NO. : I2000000195

REFERENCE : 687370

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 25, 2011

ORDER TIME : 10:02 AM

ORDER NO. : 687370-015

CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: AIMCO NAPLES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

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

		AIMCO NAF	LES LLC	•
(Name of Fore	gn Limited Liability Com	pany; must include	LES, LLC "Limited Liability Company," "L.L.C.," or "LI	.C.")
f name unavailable,	enter alternate name adopt	ted for the purpose	of transacting business in Florida and attach a co	ppy of the write
onsent of the manage Company," "L.L.C," "	rs or managing members a	adopting the alterna	te name. The alternate name must include "Lim	ited Liability
· // · · · · · · · · · · · · · · · · · 	Delaware	3.	27-4760165 (FEI number, if applicable)	
company is organize	the law of which foreign li ed)	imited liability	(FEI number, if applicable)	
	oruary 2, 2011	5.	perpetual	
(Date	e of Organization)		perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to
•	(Date first transacte (See sections 608.50)	d business in Florid	la, if prior to registration.) determine penalty liability)	
			t Parkway, Suite 1100	
·		0.000, 01.00	T dikway, odilo 1700	
	Denver	00 00007		
		, CO 80237-2		
 		(Street Address of		
If limited liabili		(Street Address of	Principal Office)	
	ty company is a mana	(Street Address of ager-managed co	Principal Office) ompany, check here	
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Melanle A. Vicknair, Assistant Secretary for Oxford Realty Financial Group, Inc.

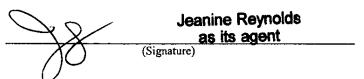
Typed or printed name of signee

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.

1. The name of	the Limited Liability Col	mpany is:					
<u></u>	AIMC	O NAPLES, LL	С				
If unavailable,	the alternate to be used in	the state of Florida is:					
2. The name ar	nd the Florida street addre	ss of the registered age	nt and office are:				
	Corporation Service Company						
		(Name)					
	12	201 Hays Street					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Tallahassee	FL	32301				
		City/State/Zip					

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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AIMCO NAPLES, 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-FIFTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIMCO NAPLES, LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2011.

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

4935410 8300

110216152

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

DATE: 02-25-11

AUTHENT

AUTHENTY CATION: 8583363