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EXAMINER

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DATE:

03-02-11

NAME:

ST. PETERSBURG MULTIFAMILY PARTNERS, LLC

TYPE OF FILING: APPLICATION BY FOREING LLC TO TRANSACT

BUSINESS IN FLORIDA

COST:

\$160

RETURN: CERTIFIEC OF STATUS AND CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbietbodge

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: St. Petersburg Multifamily Partners, 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:

Linda J. Boggess		
	Name of Person	
Waller Lansden Dortch	& Davis, LLP	
	Firm/Company	
511 Union Street, Sui	te 2700	
	Address	
Nashville, Tennessee	37219	
	City/State and Zip Code	
linda.boggess@wall E-mail address: (to	erlaw.com be used for future annual re	port notification)
For further information concerning this matter, please		
Linda J. Boggess	at (615)	850-8634
Name of Person	Area Code & Daytime T	elephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	le
Enclosed is a check for the following amoun \$125.00 Filing Fee \$\int \\$130.00 Filing Fee Certificate of Statu	& \$155.00 Filing Fee	& X\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. St. Petersburg M	ultifamily Partners,	LLC clude "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limi	ed Liability Company; must inc	clude "Limited Liability Company," "L.L.C.," or "LLC.")	,
(If name unavailable, enter alte consent of the managers or man Company," "L.L.C," "LLC.")	rnate name adopted for the pur taging members adopting the ai	pose of transacting business in Florida and attach a copy of the writte Iternate name. The atternate name must include "Ulmited Liability	≱⊓
2. Delaware		3	
(Jurisdiction under the law of company is organized)	f which foreign limited liability	(FEI number, if applicable)	
4. February 28, 2011		5. Perpetual	
(Date of Orga	nization)	(Duration: Year limited liability company will cease to exist or "perpetual")	_
6			•
(D (See	ate first transacted business in F sections 608.501 & 608.502 F.	Florida, if prior to registration.) S. to determine penalty liability)	
7. 4515 Harding Re	oad, Suite 210, Nas	shville, Tennessee 37205	
	(Street Addres	ss of Principal Office)	
3. If limited liability comp	any is a manager-manage	d company, check here 🗹	
. The name and usual bu	siness addresses of the ma	naging members or managers are as follows:	
Govan D. White.	4515 Harding Road.	Suite 210, Nashville, Tennessee 37205	
·			
he jurisdiction under the law of a	vhich it is organized. (A photoco	Odays old, duly authenticated by the official having custody of records in pay is not acceptable. If the certificate is in a foreign language, a	ł
	oath of the translator must be sub	•	
1. Nature of business or	xarposes to be conducted of	or promoted in Florida:	
own and operate	abartment domple	<u>x</u> .	
,	4 1/1/V —		
Sign	ature of a member or an a	uthorized representative of a member.	
(In accordance wi	th section 608.468(3), F.S., the exc	cution of this document constitutes an affirmation under the	
		nue I am aware that any false information submitted in a es a third degree felony as provided for in s.817.155, F.S.)	
Fre	deric A. Scarola		
	Typed or printe	d 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.

. The name of the Limited Liability Company is:	
St. Petersburg Multifamily Partners, LLC	
f 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:	
NRAI Services, Inc.	
(Name)	
515 East Park Avenue	-
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.

(Signature)

Eileen Chaddock

Special Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ST. PETERSBURG 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 FIRST DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ST.

PETERSBURG MULTIFAMILY PARTNERS, LLC" WAS FORMED ON THE

TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2011.

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

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110231177

AUTHENTICATION: 8591096

DATE: 03-01-11

You may verify this certificate onlin