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Foreign Limited Liability Company CRP/Pollack Audubon Village, L.L.C.

Certificate of Status	0
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Page Count	05
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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	CRP/Polisck Audubon Village, L.I			
	1	Name of Limited Liability Comp	any	
The enclosed 'Bxistence, and	"Application by Foreign Limited L check are submitted to register th	lability Company for Authorizat e above referenced foreign limite	tion to Transact Business in Florida ed Hability company to transact busi	," Certificate of iness in Florida
Please return a	ill correspondence concerning this	matter to the following:		
	Jan R. Ezell, Corporate Paraleg	al		
		Namo of Person		
	Alston & Bird LLP			
		Pirm/Company		
	1201 West Poachtree Street			
	···	Address		
	Atlanta, GA 30309-3424	•		
		City/State and Zip Code		
	sshores@pollsokpartners.com	•		
	E-mail address	(to be used for future annual re	port notification)	
For further info	rmation concerning this matter, pl	ense call;		
Jan R.	Bzell	at (404)	881-7442	
	Name of Person	Area Code & Daytime Te	slephone Number	
Divisi Regist P.O. B Tallah	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS; Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	o	
	check for the following amo 0 Filing Fee \$130.00 Filing 1 Certificate of St	Fee & " \$155.00 Filing Pee &	\$160.00 Filing Pee, Certifica of Status & Certified Copy	lo

APPLICATION BY FORRIGN 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 FUSINESS IN THE STATE OF FLORIDA: 1 CRP/Pollack Audubon Village, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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. Dolaware 3. 45-2661686 (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized) 6/29/2011 5. perpetual (Duration: Year limited liability company will oease t (Date of Organization) 6. upon registration (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 5605 Glenridge Drive, Suite 775, Atlanta, GA 30342 (Street Address of Principal Office) 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: CRP/Pollack Auchibon Village Venture, L.L.C. (sole Momber), 5503 Glenridge Drive, Suite 775, Atlanta, GA 30342 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 jurisdiction 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 only of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: real estate investment Signature of a member of an authorized representative of a member. (In accordance with acction 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.)

Typed or printed name of signee

Stoven Shores

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:

CRP/Polisok	Audubon Villago, L.L.C.	
If unavailab	ole, the alternate to be us	sed in the state of Florida is:
2. The nam	te and the Florida street	address of the registered agent and office are:
	C T Corporation System	n ·
		(Name)
	1200 South Pine Island	Road
	Plorida S	Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation	FI_ 33324
	•.	City/State/Zip
lability com agent and ag relating to th	pany at the place designares to act in this capacity se proper and complete p of my position as registers CT Corporation By:	(Signature)
	Danny Verde	ecchia, Jr. Asst. Secretary
		100.00 Filing Fee for Application

\$ 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 "CRP/POLLACK AUDUBON VILLAGE,
L.L.C." 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 THIRTY-FIRST DAY OF
AUGUST, A.D. 2011.

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

5004270 8300

110968711

You may verify this certificate online at corp.delaware.gov/authver.shtml Jeffrey W. Bullock, Secretary of State

DATE: 08-31-11