Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number: I20080000023

Phone : (651)225-9500

Fax Number

: (651)225-9579

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

Email Address:

Foreign Limited Liability Company Waters Edge Jacksonville LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

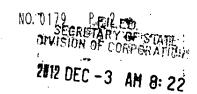
DEC -4 2012

EXAMINER

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--|
| 1. Waters Edge Jacksonville LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (There of the organization of the company, must mound binines blading company, b.b.e., or block) |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") |
| 2. Michigan 3. |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. November 21, 2012 5. Perpetual |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 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) |
| 7. 2550 Telegraph Road, Suite 200 |
| West Bloomfield, MI 48302 |
| (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: |
| Jacksonville II Limited Partnership |
| 2650 Telegraph Road, Suite 200 |
| West Bloomfield, MI 48302 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it 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 oath of the translation must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate |
| Investment |
| |
| Signature of a member or an authorized representative of a member. |
| (In accordance with section 608.408(3), P.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 s.817.155, F.S.) |

Susan McMaster, Authorized Agent

Typed or printed name of signee

NO. 0179 P. 3
FILE TO
SECRETARY OF STANKE
DEVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2812 DEC -3 AM 8: 22

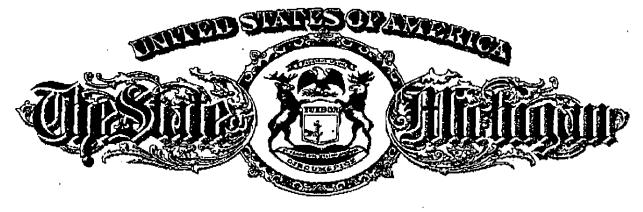
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

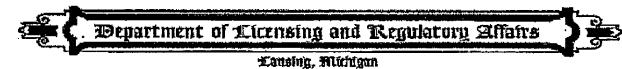
| I. The name of the Limited Liability Company is: |
|---|
| Waters Edge Jacksonville LLC |
| If unavailable, the alternate to be used in the state of Florida is: |
| 2. The name and the Florida street address of the registered agent and office are: |
| NRAI Services, Inc. |
| (Name) |
| 515 East Park Avenue |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Tallahassee PL 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. NRAI Services, Inc. |
| By: (Signature) Proper fond, AST Sarating |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) |

NO. 0179 P. 4

11/26/2012 9:59:54 AM -0500 DELEG FAXCOM

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This is to Certify That

WATERS EDGE JACKSONVILLE LLC

was validly organized on November 21, 2012 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission

D8512K

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of November, 2012

Ull'eu

Bureau of Commercial Services