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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ON SERVICE COMPANY.	•
ACCOUNT NO. :	12000000195
REFERENCE :	150913 4814233
AUTHORIZATION :	medaleman
COST LIMIT :	
ORDER DATE : May 23, 2014 ORDER TIME : 10:27 AM	
ORDER NO. : 150913-015	
CUSTOMER NO: 4814233	
FOREIGN FILI	<u>NGS</u>
NAME: HARBORSIDE FL APA PARTNERS, LLC	ARTMENT
XXXX QUALIFICATION (TYPE: LL)	HAY 27 CATIANS
PLEASE RETURN THE FOLLOWING AS PRO	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STAND:	Diameter (a)
CONTACT PERSON: Susie Knight I	EXT# 62956
I	EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company;	must include "Limited Liability Company," "L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate name adopted for the pu Liability Company," "L.L.C," or "LLC.")	repose of transacting business in Florida. The alternate name must include "Lim	ited
_{2.} Delaware	₃ 46-5701233	
(Jurisdiction under the law of which foreign limited liabilit company is organized)		
_{4.} May 23, 2014		
(Date first transacted by (See sections 605.0904 &	usiness in Florida, if prior to registration.) .605.0905, F.S. to determine penalty liability)	
s. 3424 Peachtree Road NE, S	Suite 300	
Atlanta, Georgia 30326		
6. 3424 Peachtree Road NE, S	et Address of Principal Office) Suite 300	
Atlanta, Georgia 30326	Q.	
	(Mailing Address)	7
7. The name, title or capacity and address of t	the person(s) who has/have authority to manage is/afec	
Portfolio 10 Holdco, LLC	Manager GG 🔭	ِ د پ ا
3424 Peachtree Road NE, Sui	ite 300	()
Atlanta, Georgia 30326		i. A
3. Attached is an original certificate of existence aving custody of records in the jurisdiction unacceptable. If the certificate is in a foreign language nust be submitted) Signatu	ce, no more than 90 days old, duly authenticated by the office of the law of which it is organized. (A photocopy is not guage, a translation of the certificate under oath of the translation of the certificate under oath of the translation of authorized person ameny constitutes an affirmation under the penalties of perjury that the facts stated herein	ial ator

Mike Altman, Authorized Representative of Member
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d); 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: Harborside FL Apartment Partners, 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:
Corporation Service Company	
(Name)	
1201 Hays Street	HAY 27
Florida Street Address (P.O. Box NOT ACCE	PTABLE) (17 v
Tallahassee 32301 FL	AH 10: 45
City/State/Zip	10A 10A

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 605, Florida Statutes.

Corporation Service Company

By:

(Sizelature)

Suc G. Knight

Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

COVER LETTER

TO: Registration Section
Division of Corporations

Harborside FL Apartment 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:

Angela E. Biernath, Paralegal

Name of Person

Morris, Manning & Martin, LLP

Firm/Company

3343 Peachtree Road NE, Suite 1600

Address

Atlanta, Georgia 30326

City/State and Zip Code

abiernath@mmmlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela E. Biernath

...404

、504-7725

Name of Contact Person

Area Co

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HARBORSIDE FL APARTMENT 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 TWENTY-THIRD DAY OF MAY,
A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARBORSIDE FL APARTMENT PARTNERS, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2014.

14 MAY 27 AM IO: 45

SHORE HAS I OF STATE
FALLAHASSIE, FLORIDA

5536575 8300

140697322

Jeffrey W Bullock, Secretary of State
AUTHENTY CATION: 1395888

DATE: 05-23-14

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