#115000001460

(Req	uestor's Name)			
(Address)				
(Adda	ress)			
(City)	 State/Zip/Phone #			
_	WAIT			
(Busi	ness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
W15-105	37			

Office Use Only



500268972695

02/03/15--01009--019 **125.00

2015 FEB 20 PH 1:33

K.SALY EXMINER FEB 2 4 2015



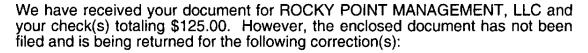
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2015

SHERRY W. COHEN POST APARTMENT HOMES, L.P. 4401 NORTHSIDE PKWY, STE. 800 ATLANTA, GA 30327

SUBJECT: ROCKY POINT MANAGEMENT, LLC

Ref. Number: W15000010537



A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00003008

COVER LETTER

TO: **Registration Section Division of Corporations**

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

Rocky Point Management, 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 ma	atter to the following:	
Sherry W. Cohe	en	
	Name of Person	
Post Apartment	Homes, L.P.	
	Firm/Company	
4401 Northside	Parkway, Ste	e. 800
	Address	
Atlanta, GA 303	327	
	City/State and Zip Code	
tamikia.mathew	s@postprope	rties.com
E-mail address:	(to be used for future annual rep	oort notification)
or further information concerning this matter, plea	se call:	
Sherry W. Cohen	_{at} 404	,846-5000
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	cle
Enclosed is a check for the following amou	int	

□ \$155.00 Filing Fee &

Certified Copy

□ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUS	SINESS IN THE STATE OF FLORIDA:
1. Rocky Point Management, LLC	
(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 transaction of	eting business in Florida. The alternate name must include "Limited
	58-2159135
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 1/30/15	70
(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)
_{5.} 4401 Northside Parkway, Ste. 800	B 20
Atlanta, GA 30327	SEFER PR
6. 4401 Northside Parkway, Ste. 800	rincipal Office)
Atlanta, GA 30327	Tur.
(Mailing A	idress)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Post Services, LLC, sole member	
4401 Northside Parkway, Ste. 800	
Atlanta, GA 30327	
8. Attached is an original certificate of existence, no more having custody of records in the jurisdiction under the law acceptable. If the certificate is in a foreign language, a tramust be submitted)	v of which it is organized. (A photocopy is not
See Attached	
Signature of an au (In accordance with section 605.0203, F.S., the execution of this document constitute am aware that any false information submitted in a document to the Department of St	s an affirmation under the penalties of perjury that the facts stated herein are true. I
See Attached	
Typed or printed na	me of signee

Signature Page

Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

WISFEB 20 PH 1: 34

Authorized Representative

POST SERVICES, LLC, a Georgia limited liability company

By: Post Apartment Homes, L.P., a Georgia limited partnership

> Post GP Holdings, Inc., a Georgia By: corporation, its sole general partner

> > By: Sherry W. Cohen

Title: Executive Vice President

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.

1. The name of	the Limited Liability C	ompany is:	
Rocky Poir	nt Management, LLC	,	
If unavailable, th	ne alternate to be used i	n the state of Florida is:	DISFEB 2
2. The name and	d the Florida street add	ress of the registered agent and office are:	SSEE P.
	NRAI Services, Inc.		925
		(Name)	
	1200 South Pine Isla	nd Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324	
		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 605, Florida Statutes.

NRAI Services, Inc.

By: Natura - Paul
(Signature)

Natalie Leiba-Paul - Special Assistant Secretary

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

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: February 08, 1995 JURISDICTION

: K504369 : Georgia

PRINT DATE

: February 18, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ROCKY POINT MANAGEMENT, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

B: 1.h

Tracking #: 9bBKbaPr