

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001033473)))



H150001033473ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Fax Number

: (845)425-0077 : (845)818-3588

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

Email Address:

Foreign Limited Liability Company PAC Naples, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SIL EXAMINER 4/28/2015 H15000103347 3

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 RESINESS IN THE STATE OF ELOPIDA-

	Company," "L.L.C.," or "LL	.C. ¹)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Liability Company," "L.I.C," or "LLC.")	Toride. The alternate name :	nust include "Lin	itod
Delaware			
2. (Junsdiction under the law of which foreign limited liability company is organized) 3.	(FEI number, if applicable)	يس	
4 Upon Filing	, i	79.16.	- 1 m
(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine pen	stration.) alty liability)	岩 大	
5. 3284 Northside Parkway NW, Suite 150		28	
Atlanta, GA 30327		4.5	
(Street Address of Principal Office)			<u></u>
6. 3284 Northside Parkway NW, Suite 150		3	
Atlanta, GA 30327			
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/hat Preferred Apartment Communities Operating Partnership, L.P., Manager, 3284 N	·	~	ı. GA 30327
	on block i arming in a	2.10 .00,	
r reteried Apartment Communities Operating Faturership, E.F., Manager, 3204 N			,
8. Attached is an original certificate of existence, no more than 90 days having custody of records in the jurisdiction under the law of which it acceptable. If the certificate is in a foreign language, attranslation of the must be submitted) (In accordance with section 605.0203, P.S., the execution of the document constitutes an affirmation under aware that any fake information submitted in a document table Department of State constitutes a this Jeffrey Sprain, Authorized Pers	is organized. (A photo e certificate under oat on on ler the penalties of perjury that ad degree follows as provided for	ocopy is not the trans	icial lator

H15000103347 3

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.

If unavailable	, the alternate to be used in	n the state of Florida is:	- 3
2. The name	and the Florida street addi	ress of the registered agent and office are:	28 APR 28
	Vcorp Service	es, LLC	<u>ن ۱</u>
	And the second s	(Name)	
5011 South State Road 7, Suite 106			
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	·
	Davie	_{FL} 33314	
		City/State/Zip	

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.

(Signature)

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

H15000103347 3

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAC NAPLES, 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-FOURTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAC NAPLES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2015.

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

150561564

AUTHENTY CATION: 2320112

DATE: 04-24-15