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Requesto	r's Name 660 East Je	ffers	ön Stre	eet	-	
Address	Tallahassee	e, FL	32301			
City	State	Zip		Phone	,	

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Charleston	Dallare.	Woar Aments.	4.1,0
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CORPORATION(S) NAME

() Profit () NonProfit	() Amendment	() Merger	
Limited Liability Company (X) Foreign	() Dissolution/Withdrawal	() Mark	_
() Limited Partnership () Reinstatement () Limited Liability Partnership () Certified Copy	() Annual Report () Reservation () Photo Copies	() Other Second () Change of RA. () Fictitious Name () CUS	では、
() Call When Ready (i) Walk In (i) Mail Out	() Call if Problem () Will Wait	() After 4:308 72:02	

Name Availability Document Examiner Updater Verifier Acknowledgment W.P. Verifler

9/4/98

PLEASE RETURN EXTRA COPY(S) FILE STAMPED THANKS JOEY

CR2E031 (1-89)

APPLICATION BY FOREIGN 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 BUSINESS IN THE STATE OF FLORIDA:

(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 4. August 27, 1998 (Date of Organization) 6. upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. 3224 Paces Bend Court, Atlanta, GA 30327 (Street address of principal office) List name, title, and business address of each managing member[MGRM] or manager[MGI manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITL David Berkman MGR	5. perpetual	3. ap	ia - <u></u>
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Street address of principal office) List name, title, and business address of each managing member[MGRM] or manager[MGlill manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITL David Berkman MGR	5. perpetual	eign limited liability	iction under the law of which foreigny is organized)
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Secretary of State

Corporations Division Suite 315, West Tower 2 Martin Luther King Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 982440843
CONTROL NUMBER : 9831890
DATE INC/AUTH/FILED: 08/27/1998
JURISDICTION : GEORGIA
PRINT DATE : 09/01/1998

FORM NUMBER : 211

MORRIS, MANNING & MARTIN
CHRISTINE VOGT
3343 PEACHTREE RD., STE. 1600
ATLANTA, GA 30326

SECRETARY OF STATE DIVISION OF CORPORATIONS

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CHARLESTON SQUARE APARTMENTS, L.L.C. A GEORGIA 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 abovenamed 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.



Jewis a. Massey

Lewis A. Massey Secretary of State

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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability	company is:	Charleston	Square A	partments,	L.L.C.	
						
2. The name and address of the re	egistered age	nt and office	is:			
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OII Cornors	tion System			_	23	SEC
<u>er corpora</u>	(Name)			_	-0	Z A
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1200 South	Pine Island	Rđ.	-		-77	97.5
	(P.O. Box not acc	eptable)				6.0 0.0
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Plantation					9	등류
	(City/State/	Zip)			w	as S
Having been named as registered						
limited liability company at the place						
ment as registered agent and agree						
provisions of all statutes relating to	the proper a	nd complete	performa	ance of my	duties, a	nd I

am familiar with and accept the obligations of my position as registered agent.

CONTRE BRYANT SECRETARY

By:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Charleston Square					
Apartments, L.L.C.	deposes and says:				
1) the above named limited liability company has a	it least two members				
2) the total amount of cash contributed by the mem	nber(s) is \$				
3) if any, the agreed value of property other than cases \$\(\simes \colon \col	ash contributed by member(s) is operty is attached and made a part hereto.				
4) the total amount of cash or property anticipated \$_\tau_\colon=0 . This total includes amounts	to be contributed by member(s) is s from 2 and 3 above.				

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Filing Fee: \$ 52.50 for Affidavit