

ACCOUNT NO. : 072100000032

REFERENCE : 249199

4814233

AUTHORIZATION

COST LIMIT

ORDER DATE: May 21, 1999

ORDER TIME :

1:42 PM

ORDER NO. :

249199-005

CUSTOMER NO:

4814233

CUSTOMER: Ms. Christine Vogt

Morris Manning & Martin

Suite 1600

3343 Peachtree St, Northeast

Atlanta, GA 30326

FOREIGN FILINGS

NAME: NASSAU LAKES APARTMENTS, LLC

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT WERE SUBSECTION OF THE CLISAR DEPARTMENT OF STATE ONVISIONS

SOWAY 21 PM 2:26

KECEINED

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

			- TO 62
COMPLIANCE WITH SECTION 608.503, FLOI ITTED LIABILITY COMPANY TO TRANSACT BU			O REGISTER A F
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Nassau Lakes Apartments, LLC Name of foreign limited liability company must	at and with the sugge	(a "limited as manage" on their abbrard	otion "I C " if no
name of foreign limited liability company must occurrence in the name at present.)	st end with the wort	is fiffilled company of their aborevi	iation L.C. If no
~ .	2	A 11 179	
Georgia Jurisdiction under the law of which foreign lin	3. nited liability	Applied For (FEI number, if application	able)
ompany is organized)			,
July 27, 1998	5 I	Perpetual	
July 27, 1998 (Date of Organization)		(Duration: Year limited liability con	pany will cease to
		exist or "perpetual")	
(Date first transacted business	199		
(Date first transacted business	in Florida. (See sec	tions 608.501, 608.502, and 817.155	, F.S.)
3224 Paces Bend Court, Atlan	ta, GA 30327	in air all afficient	
3224 Paces Bend Court, Atlan	ta, GA 30327 (Street address of p	rincipal office)	
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language, a translation of the certificate under oath of the translator must be submitted.)

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

### 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 SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Nassau Lakes Apartments, LLC

2. The name and the Florida street address of the registered agent and office are:

CORPORATION SERVICE COMPANY
(Name)

1201 Hays Street
Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee, FL 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.

Mchoral Deskipper as agent

Filing Fee: \$ 35 for Designation of Registered Agent

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Nassau Lakes A certifies:	Apartments Ticca
1) the above named limited liability company has at least one member;	H. HO
2) the total amount of cash contributed by the member(s) is	\$ <u>1,000.00;</u>
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>1,000.00</u> .
Signature of a member or an authorized representative of a mem (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.)	nber.
David Berkman	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K90980475
CONTROL NUMBER : K828140
DATE INC/AUTH/FILED: 07/27/1998
JURISDICTION : GEORGIA

PRINT DATE : 04/08/1999

FORM NUMBER : 211

MORRIS, MANNING & MARTIN ATTN: SHERRY HURLEY 3343 P'TREE RD NE 1600 ATL FIN CNTER ATLANTA, GA 30326

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### NASSAU LÄKES APARTMENTS, LLC 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.



July Cop

Cathy Cox