m99000001520

Document Number Only

CT	Corporati	on System		
Reque	stor's Name			
660	East Jef:	ferson St	reet	
Addres	SS			
<u>Tal</u>	<u>lahassee.</u>	FL 32301	(850)222-109	2_
City	State	Zip	Phone	

CORPORATION(S) NAME

900002999359--0 -09/28/99--01057--013 ****285.00 ****285.00

		1\$ 66
Bala Multi-Family 3	westwent Company, LLC	EP 28
() Profit () NonProfit	() Amendment	PM 3: 7/16 C) Merger 5: 5:50
Foreign	() Dissolution/Withdrawa	` ` `
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other UCC Filing () Change of R.A.
() Certified Copy	() Photo Copies	() CUS S
() Call When Ready ∰ Walk In () Mail Out	() Call if Problem () Will Wait	() After 4:30 ° ○ ★★ Pick Up ® ↑ ▼
Name Availability MJH Document Examiner	Plea 91	ASE Return Extra Copies File Stamped To:
Updater Verifier	1/28 J	effrey Butterfield
Acknowledgment		· ·
W.P. Verifier		·

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:

1. Bala Multi-Family Investment Comp	pany, LLC			
(Name of foreign limited liability company" or their abbreviations "l	company must en L.L.C." or "L.C." i	d with the words "limited liability c f not so contained in the name at pro	ompany" or "limited	1
2. Delaware		3, 23-2976646		··· · — ·
(Jurisdiction under the law of whi company is organized)			oplicable)	<u> </u>
4.8/3/98	4	Perpetual		
(Date of Organization	on)	(Duration: Year limited liability cease to exist or "perpetual")	company will	
6. Upon qualification				
(Date first transacted	i business in Flori	da. (See sections 608.501, 608.502	and 817.155, F.S.)	-
7. 2025 Lakepointe Drive, Suite 1B, L	ewisville TV 750	57		
7	ewisvine, 17 /50	31		
	(Street add	dress of principal office)		
3. List name, title, and business a	address of each	managing member [MGRM] or	r manager [MGR]	l who
will manage the foreign limite	ed liability comp	pany in Florida: (attach addition	nal page if neces	sary)
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	
Daniel J. Keating, III	MGRM	Peter T. Cocchia	MGR	
One Bala Ave., Suite 400			MOK	s . • •
		One Bala Ave., Suite 400	MOR	
Bala Cynwyd, PA 19004	<u>.</u> .			S D
Bala Cynwyd, PA 19004 Terry T. Lewis	MGR	One Bala Ave., Suite 400	- MGR	3S 66 B03S/AIG B03S
	MGR_	One Bala Ave., Suite 400 Bala Cynwyd, PA 19004	-	SECRETAR DIVISION OF C
Terry T. Lewis	MGR	One Bala Ave., Suite 400 Bala Cynwyd, PA 19004 Dennis A. Martin	-	FILED FILED SION OF CORPO
Terry T. Lewis 2025 Lakepointe Dr., Ste. 1B	MGR	One Bala Ave., Suite 400 Bala Cynwyd, PA 19004 Dennis A. Martin One Bala Ave., Suite 400	-	FILED STATISTON OF CORPORAT
Terry T. Lewis 2025 Lakepointe Dr., Ste. 1B	MGR	One Bala Ave., Suite 400 Bala Cynwyd, PA 19004 Dennis A. Martin One Bala Ave., Suite 400	-	FILED FILED SION OF CORPO

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 language, a translation of the certificate under oath of the translator must be submitted.)

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BALA MULTI-FAMILY INVESTMENT

COMPANY, 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 THIRTEENTH DAY

OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

9966614

991381204

2928893 8300

DATE:

09-13-99

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:	
Bala	a Multi-Family Investment Company, LLC	
2.	The name and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	<u></u> .
	1200 South Pine Island Road	
	Florida street address (P.O. Box NOT ACCEPTABLE)	.
	Plantation FL 33324	
	(City/State/Zip)	- ,
laving	g been named as registered agent and to accept service of process for the above stated limits	ited

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.

C T Corporation System

KORRI A. BEHLER Special Assistant Secretary

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The unders	igned member of authorized representative of a member of Bala	a Multi-Family Investment	
Company, Ll	LC certifies:		
1) the abov	ve named limited liability company has at least one member;		
2) the total	amount of cash contributed by the member(s) is	\$_1,000	_;
3) if any, the (A description and	he agreed value of property other than cash contributed by membeription of the property is attached and made a part hereto.)	er(s) is \$_0	 ;
 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.) 		ontributed \$ 1,000	_ ·
	- Sind Sland	•	
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.)		tion of this	-
	Daniel J. Keating, III		e'
	Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit