



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/09/2015	201528201676	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
STEVE ELIAS
50 W. BROAD STREET
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
890227

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ASHGROVE APARTMENTS OF STERLING HEIGHTS, II, LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

Effective Date: 10/08/2015

Document No(s):

201528201676

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
9th day of October, A.D. 2015.

Ohio Secretary of State



Form 700 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 1329

Columbus, OH 43216

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

P.O. Box 1390

Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

 (1) ☒ **Converting Within The Records of the Ohio
Secretary of State**

 (2) ☐ **Converting Off The Records of the Ohio
Secretary of State**

(187-VXX)

Name of the converting entity

Ashgrove Apartments of Sterling Heights, II, Ltd.

Jurisdiction of Formation

OHIO

Charter/Registration Number

890227

 The converting entity is a:
 (Check Only (1) One Box)
☐ Domestic Corporation (For-Profit or Nonprofit)☐ Foreign Corporation (For-Profit or Nonprofit)☐ Domestic Nonprofit Limited Liability Company☐ Foreign Nonprofit Limited Liability Company☐ Domestic For-Profit Limited Liability Company☐ Foreign For-Profit Limited Liability Company☐ Partnership☒ Domestic Limited Partnership☐ Foreign Limited Partnership☐ Domestic Limited Liability Partnership☐ Foreign Limited Liability Partnership
 The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists
 and that those laws permit the conversion.

Name of the converted entity **Ashgrove Apartments of Sterling Heights, II, LLC**Jurisdiction of Formation **OHIO**The converted entity is a:
(Check Only (1) One Box)

- | | |
|---|---|
| ☐ Domestic Corporation (For-Profit) | ☐ Partnership |
| ☐ Foreign Corporation (For-Profit or Nonprofit) | ☐ Domestic Limited Partnership |
| ☐ Domestic Nonprofit Limited Liability Company | ☐ Foreign Limited Partnership |
| ☐ Foreign Nonprofit Limited Liability Company | ☐ Domestic Limited Liability Partnership |
| ☒ Domestic For-Profit Limited Liability Company | ☐ Foreign Limited Liability Partnership |
| ☐ Foreign For-Profit Limited Liability Company | |

Effective Date
(Optional)

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City

State

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

Ohio
State

Zip Code

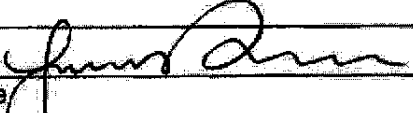
See instructions for additional filing requirements if

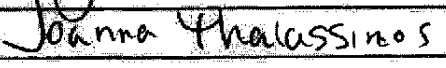
- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

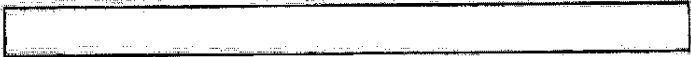
Required

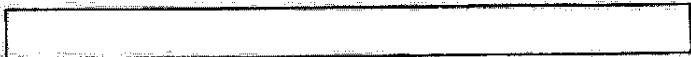
Must be signed by an
authorized representative.

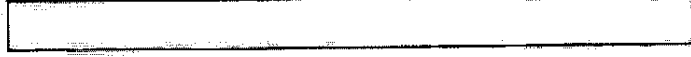

Signature


By (if applicable)

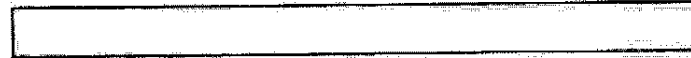
Empirian Lexford GP New 6 LLC, its general partner
Print Name

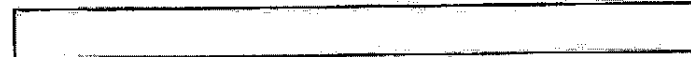

Signature


By (if applicable)


Print Name


Signature


By (if applicable)


Print Name



Form 533A Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-757-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

busserve@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non-expedited)

P.O. Box 670

Columbus, OH 43216

Expedite Filing (two business day processing time)

Requires an additional \$100.00

P.O. Box 1390

Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

RECEIVED

OCT - 8 2015

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

OHIO SECRETARY OF STATE

Name of Limited Liability Company **Ashgrove Apartments of Sterling Heights, II, LLC**

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd."

Effective Date
(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for
(Optional)

Period of Existence

Purpose
(Optional)****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Ashgrove Apartments of Sterling Heights, II, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

CSC- Lawyers Incorporating Service (Corporation Service Company)

Name of Agent

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, CSC- Lawyers Incorporating Service (Corporation Service Company) named herein as the statutory agent
Statutory Agent Name

for Ashgrove Apartments of Sterling Heights, II, LLC
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

Janet Budhu, Asst. Vice President

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

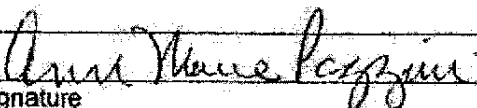
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Ann Marie Pozzini

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name