Maccocallalas

(1)	Requestor's Name)		
(/	Address)		
(,	Address)		
((City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(1	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions	to Filing Officer		
<u> </u>			

Office Use Only



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2311 DEC - 7 PK 4: 52

2020 DEC -7 PM 2:21



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 540367 8033930

AUTHORIZATION

COST LIMIT : 160.00

ORDER DATE : December 7, 2020

ORDER TIME : 12:44 PM

ORDER NO. : 540367-005

CUSTOMER NO: 8033930

FOREIGN FILINGS

NAME: VERDE RESIDENTIAL SOLUTIONS

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

_____ PLAIN STAMPED COPY
XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO: Registration Section

Div	ision of Corporations				
SUBJECT:	Verde Residential Solutions LLC				
SOBJECT.	Name of Limited Liability Company	~-			
The enclosed Existence, an	d "Application by Foreign Limit and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Floridar the above referenced foreign limited liability company to transact bu	a," Certificate of siness in Florida		
Please return	all correspondence concerning	this matter to the following:			
	Zoe King		• - ?		
		Name of Person	; !		
	Altimus Capital LLC		63 . 631		
		Firm/Company	1		
	2211 N. Elston Ave. Sui	te 208			
		Address	- '.		
	Chicago, IL 60614		. 13		
		City/State and Zip Code	-		
	zking@altimuscapital.com	1			
	E-mail ad	dress: (to be used for future annual report notification)	_		
For further in	formation concerning this matte	r, please call:			
Zoe	King	at () Area Code Daytime Telephone Number	_		
	Name of Contact P	erson Area Code Daytime Telephone Number	_		
Reg Div P.O	ling Address: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Pleas	125.00 Filing Fee	g amount: RIDA DEPARTMENT OF STATE 10 Filing Fee & 11 \$155.00 Filing Fee & 12 \$160.00 Filing Fee Certificate of Status Certificate Of Status	•		

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 BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	d Liability Company," "L.L.C.," or "Ll.C.")	
			() ()
aine miavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Liability Compan	y," "L:L:C," or "Li
llinois		37-1915676	(2)
		3	1
(Junisdiction under the law of v	which foreign limited liability company is organized)	(FEI number, if applicable	-17
N/A			<u> </u>
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liability)	/t.i Cg
2211 N. Elston Ave.	Suite 208	2211 N. Elston Ave. Suite 208	
et Address of Principal Office)		6. (Mailing Address)	
		(Maining Address)	
Chicago, IL 60614		Chicago, IL 60614	
			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	
Name and <u>street addres</u> Name: Office Address:		NOT acceptable)	
Name:	Corporation Service Company	32301	
Name:	Corporation Service Company 1201 Hays Street		
Name: Office Address: istered agent's accepting been named as regarded in this applicationally with the provisi	Corporation Service Company 1201 Hays Street Tallahassee (City) tance: gistered agent and to accept service of pution, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. Corporation Service Company	32301 , Florida	city. I further

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Christopher Gersch	□Мапаger	Name: Zoe King
□Member	Address: 2211 N. Elston Ave. Suite 20	□Member	2211 N. Elston Ave. Suite 20
□Authorized	Chicago, IL 60614	■ Authorized	Chicago II 60614
Person		Person	Cincago, 12 00014
□Other		Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

$\overline{}$	1, -	
(oe	Kun	
	Signature of an Julhorized person	
1	()	
Zoe King	()	
	Typed or printed name of cigner	

File Number

0727473-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VERDE RESIDENTIAL SOLUTIONS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 10, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of DECEMBER A.D. 2020 .

Authentication #: 2034201962 venfiable until 12/07/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE