

M21000001907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

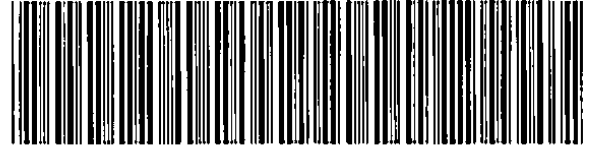
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only




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2021 FEB 17 PM 1:06
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SALY
FEB 15 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 669111 5124005
AUTHORIZATION : 
COST LIMIT : \$ 130.00

ORDER DATE : February 17, 2021
ORDER TIME : 11:42 AM
ORDER NO. : 669111-015
CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: AIMCO OP GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIMCO OP GP, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debra McDonald
Name of Person

AIR Communities
Firm/Company

4582 S. Ulster St., Suite 1700
Address

Denver, CO 80237
City/State and Zip Code

debra.mcdonald@aircommunities.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| | | |
|------------------------|--------|--------------------------|
| <u>Debra McDonald</u> | 303 | 7578101 |
| Name of Contact Person | at () | Daytime Telephone Number |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|--|---|---|--|

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:

1. Aimco OP GP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 85-3699489 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4582 S. Ulster St. (Street Address of Principal Office)
Suite 1450
Denver, CO 80237
6. 4582 S. Ulster St. (Mailing Address)
Suite 1450
Denver, CO 80237

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: [Signature]
(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]:

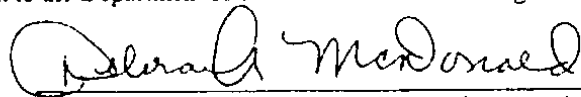
| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--|---|--|
| <input type="checkbox"/> Manager | Name: <u>Apartment Investment and Management Company</u> | <input type="checkbox"/> Manager | Name: <u>Wesley Powell</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>4582 S. Ulster St.</u> | <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St.</u> |
| <input type="checkbox"/> Authorized Person | <u>Suite 1450</u> <u>Denver, CO 80237</u> | <input checked="" type="checkbox"/> Authorized Person | <u>Suite 1450</u> <u>Denver, CO 80237</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Lynn C. Stanfield</u> | <input type="checkbox"/> Manager | Name: <u>Lee Hodges</u> |
| <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St.</u> | <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St.</u> |
| <input checked="" type="checkbox"/> Authorized Person | <u>Suite 1450</u> <u>Denver, CO 80237</u> | <input checked="" type="checkbox"/> Authorized Person | <u>Suite 1450</u> <u>Denver, CO 80237</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Matt Konrad</u> | <input type="checkbox"/> Manager | Name: <u>Kelly Terry</u> |
| <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St.</u> | <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St.</u> |
| <input checked="" type="checkbox"/> Authorized Person | <u>Suite 1450</u> <u>Denver, CO 80237</u> | <input checked="" type="checkbox"/> Authorized Person | <u>Suite 1450</u> <u>Denver, CO 80237</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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 TALLAHASSEE, FLORIDA

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.



 Signature of an authorized person

Debra A. McDonald

Typed or printed name of signer

AIMCO OP GP, LLC
APPLICATION BY FOREIGN LLC FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

8. ADDITIONAL AUTHORIZED PERSONS

Jennifer Johnson
1450 S. Ulster St.
Suite 1450
Denver, CO 80237

Matt Hopkins
1450 S. Ulster St.
Suite 1450
Denver, CO 80237

James Huang
1450 S. Ulster St.
Suite 1450
Denver, CO 80237

Chad Levine
1450 S. Ulster St.
Suite 1450
Denver, CO 80237

Thomas Marchant
1450 S. Ulster St.
Suite 1450
Denver, CO 80237

John Nicholson
1450 S. Ulster St.
Suite 1450
Denver, CO 80237

Justin Frenzel
1450 S. Ulster St.
Suite 1450
Denver, CO 80237

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TALLAHASSEE, FLORIDA
SULLIVAN COUNTY CLERK

Delaware

The First State

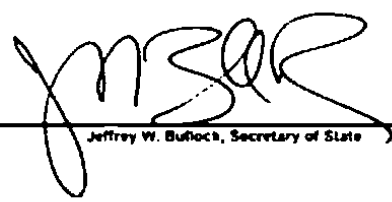
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIMCO OP GP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIMCO OP GP, LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2020.

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

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DELAWARE SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

3410545 8300

SR# 20210489648

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202529522

Date: 02-17-21