

MA21000008240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

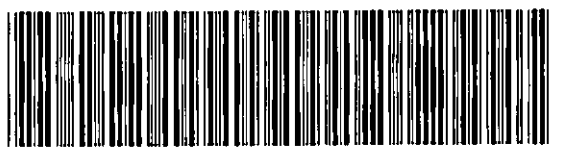
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300368616123

RECEIVED
2021 JUN 28 PM 4: 03
FILED
2021 JUN 28 PM 4: 20
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07-11-2008 BY SP-1/MS/STP/FL

SP

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

ACCOUNT NO. : I20000000195
REFERENCE : 882817, 5124005
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 130.00

ORDER DATE : June 28, 2021
ORDER TIME : 2:39 PM
ORDER NO. : 882817-005
CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: CITY CENTER ON 7TH LESSEE, 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: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: City Center on 7th Lessee, 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:

Debra McDonald at (303) 691.4486
Name of Contact Person Area Code 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**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$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. City Center on 7th Lessee, 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. 87-1025383
(FEI number, if applicable)

4. 6/16/2021
(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 1700
Denver, CO 80237

6. 4582 S. Ulster St.
(Mailing Address)
Suite 1700
Denver, CO 80237

FILED
2021 JUN 28 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FL

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)

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:

Alexis Weibnd, assistant vice president

(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>AIMCO Properties, L.P.</u>	<input type="checkbox"/> Manager	Name: <u>Lisa R. Cohn</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	<u>Suite 1700</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1700</u>
Person	<u>Denver, CO 80237</u>	Person	<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>Tony Organ</u>	<input type="checkbox"/> Manager	Name: <u>Ken Diamond</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	<u>Suite 1700</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1700</u>
Person	<u>Denver, CO 80237</u>	Person	<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>Debra A. McDonald</u>	<input type="checkbox"/> Manager	Name: <u>Paul Beldin</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	<u>Suite 1700</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1700</u>
Person	<u>Denver, CO 80237</u>	Person	<u>Denver, CO 80237</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

Debra A. McDonald

 Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITY CENTER ON 7TH LESSEE, 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CITY CENTER ON 7TH LESSEE, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5951880 8300

SR# 20212566598

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

Authentication: 203550323

Date: 06-28-21