

M 22 00000 0183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

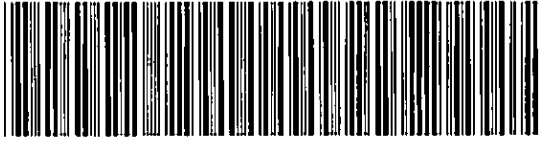
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN -4 PM 1:43
2022 JAN -4 PM 3:52

S. FRANKLIN
JAN 05 2022

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

ACCOUNT NO. : I20000000195
REFERENCE : 3609627 5124005
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 130.00

ORDER DATE : January 4, 2022
ORDER TIME : 2:33 PM
ORDER NO. : 360962-005
CUSTOMER NO: 5124005

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FOREIGN FILINGS

NAME: CITY CENTER ON 7TH LESSOR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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 Lessor, 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. 87-4222759
(FEI number, if applicable)

4. November 12, 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)

6. 4582 S. Ulster St.
(Mailing Address)

Suite 1700

Suite 1700

Denver, CO 80237

Denver, CO 80237

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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.

By: Eyleina Bahor
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]:

Title or Capacity: Manager **Name and Address:** Name: Apartment Income REIT, L.P.
 Member Address: 4582 S. Ulster St.
 Authorized Suite 1700
 Person Denver, CO 80237
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Tony Organ
 Member Address: 4582 S. Ulster St.
 Authorized Suite 1700
 Person Denver, CO 80237
 Other _____ Other _____

Manager **Name and Address:** Name: Debra A. McDonald
 Member Address: 4582 S. Ulster St.
 Authorized Suite 1700
 Person Denver, CO 80237
 Other _____ Other _____

Manager **Name and Address:** Name: Kenneth Diamond
 Member Address: 4582 S. Ulster St.
 Authorized Suite 1700
 Person Denver, CO 80237
 Other _____ Other _____

Manager **Name and Address:** Name: Lisa R. Cohn
 Member Address: 4582 S. Ulster St.
 Authorized Suite 1700
 Person Denver, CO 80237
 Other _____ Other _____

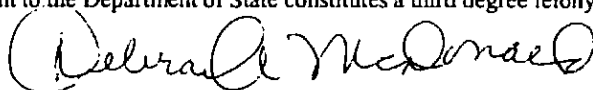
Manager **Name and Address:** Name: Paul Beldin
 Member Address: 4582 S. Ulster St.
 Authorized Suite 1700
 Person Denver, CO 80237
 Other _____ Other _____

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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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITY CENTER ON 7TH LESSOR, 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 FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CITY CENTER ON 7TH LESSOR, LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2021.

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

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J. W. BULLOCK, SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

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SR# 20220020013

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

Authentication: 202311107

Date: 01-04-22