

**B15000000253**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCAD00000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

*File 2nd LP  
After LLC  
Registration  
KIS-227513*

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
PPF AMLI 5971 Toscana Drive, LP**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 22 AM 9:53  
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15 SEP 22 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 23 2015  
Y SULKER

9/22/2015 10:21:25 AM From: To: 8506176383( 2/5 )

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PPF AMLI 5971 Toscana Drive, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Sarah L. Park

Contact Person

AMLI Residential

Firm/Company

200 W. Monroe Street, Suite 2200

Address

Chicago, IL 60606

City, State and Zip Code

spark@amli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Park

at ( 312 ) 283-4932

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

\$1,008.75 Filing Fees  
and Certificate of  
Status

\$1,052.50 Filing Fees  
and Certified Copy

\$1,061.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. PPP AMLI 5971 Toscana Drive, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. September 16, 2015

Date of Formation

4. Federal Employer Identification Number: 47-5062435

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. 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:

[Handwritten Signature]

Signature of Registered Agent

Kristin Bolden Assistant Secretary

7. Principal Office:

200 W. Monroe Street

Suite 2200

Chicago, IL 60606

8. Mailing Address:

200 W. Monroe Street

Suite 2200

Chicago, IL 60606

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: PPP AMLI 5971 Toscana Drive O.P.L.L.C.

Street Address: 200 W. Monroe Street, Suite 2200 Chicago, IL 60606

Mailing Address: 200 W. Monroe Street, Suite 2200 Chicago, IL 60606

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

SECRETARY OF STATE FLORIDA

15 SEP 22 AM 9:53

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 21st day of September, 2015

By: Janet L. Park, Assistant Secretary  
 Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED  
 15 SEP 22 AM 9:53  
 DEPARTMENT OF STATE  
 TALLAHASSEE  
 FLORIDA

PPF AMLI 5971 TORCINA DRIVE GP, LLC, GENERAL PARTNER  
 By: AMLI-ALLIANZ DAVIS REIT, LP, SOLE MEMBER  
 By: AMLI-ALLIANZ DAVIS REIT GP, LLC, GENERAL PARTNER  
 By: AMLI-ALLIANZ INVESTMENT LP, SOLE MEMBER  
 By: PPF AMLI CO-INVESTMENT LLC, GENERAL PARTNER  
 By: AMLI RESIDENTIAL PROPERTIES, L.P., SOLE MEMBER  
 By: AMLI RESIDENTIAL PARTNERS LLC, GENERAL PARTNER

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PPF AMLI 5971 TOSCANA DRIVE, LP" 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-FIRST DAY OF SEPTEMBER, A.D. 2015.

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



5826229 8300

SR# 20150202169

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10101247

Date: 09-21-15