B21000000065

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| bbA) | ress) | |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800360201498



51:0:12 61 4... 16.8

K SALY

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 669111

AUTHORIZATION: Smell & man

COST LIMIT : \$1(,008/.75

ORDER DATE: February 17, 2021

ORDER TIME : 11:48 AM

ORDER NO. : 669111-025

CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: AIMCO OP L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: ____

5124005

COVER LETTER

| SUBJECT: AIMCO OP L.P. 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: Debra McDonald Contact 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 Name of Contact Person at (303) 7578101 Area Code and Daytime Telephone Number Enclosed is a check for the following amount: D\$1,000.00 Filing Fee (\$965 Filing Fees and \$33 Registered Agent Fee) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | TO: Registration Section Division of Corporations | | | |
|---|---|----------------|---|--|
| 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: Debra McDonald Contact 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 Name of Contact Person at (303) 7578101 Area Code and Daytime Telephone Number Enclosed is a check for the following amount: US1,000.00 Filing Fee (\$965 Filing Fee and Certificate of Status) Status Street Address: Registration Section Division of Corporations | SURJECT: AIMCO OP L.P. | | | |
| partnership to transact business in Florida. Please return all correspondence concerning this matter to: Debra McDonald Contact Person AIR Communities Firm/Company 4582 S. Ulster St., Suite 1700 Address Denver, CO 80237 City, State and Zip Code debra.mcctonald@aircommunities.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debra McDonald Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: D\$1,000.00 Filing Fee (\$965 Filing Fee and S1,008.75 Filing Fees) Status Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | Name of Foreign Limited Partnersl | nip or Limited | Liability Limited Partnership | |
| Contact 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 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S1,000,00 Filing Fee S1,008.75 Filing Fees (\$955 Filing Fee and and Certificate of and Certified Copy, and \$358 Registered Agent Status Fee) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | partnership to transact business in Florida. | | o register a foreign limited partnership or limited liability limited | |
| AIR Communities Firm/Company 4582 S. Ulster St., Suite 1700 Address Denver, CO 80237 City, State and Zip Code debra.mcclonalc@ aircommunities.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debra McDonald Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: D\$1,000.00 Filing Fee (\$965 Filing Fee and \$335 Registered Agent Status Status Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | Debra McDonald | | | |
| Firm/Company 4582 S. Ulster St., Suite 1700 Address Denver, CO 80237 City, State and Zip Code debra.mcclonald@ aircommunities.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debra McDonald Name of Contact Person at (303 7578101 Area Code and Daytime Telephone Number Enclosed is a check for the following amount: D\$1,000.00 Filing Fee \$\$1,008.75 Filing Fees and Certificate of Status \$\$51,000.00 Filing Fee and Status \$\$51,061.25 Filing Fee, Certified Copy Certified Copy, and Certificate of Status Fee) Mailing Address: Registration Section Division of Corporations Division of Corporations | Contact Person | | _ | |
| Address Denver, CO 80237 City, State and Zip Code debra.mcconalc@ aircommunities.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debra McDonald Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: D\$1,000.00 Filing Fee | AIR Communities | | | |
| 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 Name of Contact Person Enclosed is a check for the following amount: D\$1,000.00 Filing Fee \$1,008.75 Filing Fees | Firm/Company | | _ | |
| 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 Name of Contact Person Enclosed is a check for the following amount: D\$1,000.00 Filing Fee \$1,008.75 Filing Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fee, (\$965 Filing Fee and and Certificate of \$35 Registered Agent Status Mailing Address: Registration Section Division of Corporations City, State and Zip Code at (\$303 | 4582 S. Ulster St., Suite 1700 | | | |
| 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 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S1,000.00 Filing Fee \$1,008.75 Filing Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fee, (\$965 Filing Fee and Certificate of Status Fee) Mailing Address: Registration Section Division of Corporations Registration Section Division of Corporations | Address | | _ | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debra McDonald Name of Contact Person Enclosed is a check for the following amount: □\$1,000.00 Filing Fee □\$1,008.75 Filing Fees (\$965 Filing Fee and and Certificate of \$35 Registered Agent Fee) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | Denver, CO 80237 | | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debra McDonald at (303 7578101 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: D\$1,000.00 Filing Fee \$\B\$1,008.75 Filing Fees (\$\\$965 Filing Fee and and Certificate of \$\\$1,052.50 Filing Fees (\$\\$965 Filing Fee and \$\\$35 Registered Agent Status Fee) Mailing Address: Registration Section Division of Corporations Division of Corporations | City, State and Zip Code | | _ | |
| For further information concerning this matter, please call: Debra McDonald At (303) 7578101 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S1,000.00 Filing Fee S1,008.75 Filing Fees (\$965 Filing Fee and and Certificate of \$1,052.50 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Status Fee) Mailing Address: Registration Section Division of Corporations S1,061.25 Filing Fee, and Certificate Opy Certified Copy, and Certificate of Status Registration Section Division of Corporations | debra.mcdonald@ aircommunities.com | | | |
| Debra McDonald Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S1,000.00 Filing Fee S1,008.75 Filing Fees (\$965 Filing Fee and and Certificate of \$35 Registered Agent Fee) Mailing Address: Registration Section Division of Corporations Area Code and Daytime Telephone Number S1,052.50 Filing Fees S1,061.25 Filing Fee, and Certified Copy, and Certified Copy, and Certificate of Status Street Address: Registration Section Division of Corporations | E-mail address: (to be used for future annual report no | tification) | _ | |
| Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc | For further information concerning this matter, please or | all: | | |
| Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc | Debra McDonald | , 303 | 7578101 | |
| □\$1,000.00 Filing Fee □\$1,008.75 Filing Fees □\$1,052.50 Filing Fees □\$1,061.25 Filing Fee, (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,052.50 Filing Fees □\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status □\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status □\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status □\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status □\$1,061.25 Filing Fee, Certified Copy, and Certified Copy □\$1,061.25 Filing Fee, Certified Copy □\$1,061.25 F | | ` | nd Daytime Telephone Number | |
| (\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and \$35 Registered Agent Status Certificate of Status Fee) Mailing Address: Registration Section Division of Corporations And Certified Copy Certified Copy, and Certif | Enclosed is a check for the following amount: | | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | (\$965 Filing Fee and and Certificate of \$35 Registered Agent Status | | Copy Certified Copy, and | |
| Division of Corporations Division of Corporations | | | | |
| · | | | • | |
| | P.O. Box 6327 | | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED
ENTIFEBIT PH 1:07
TALLAHASSEE FLORIDA

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

1,_Aim∞ OP L.P.

(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.

| Acceptable Limited | Liability Limited Partnership suffixes: 1 | Limited Liability Limited Partnership, L.L.L.P. or LLLP. | |
|--------------------------------|--|---|--|
| If name unavailab | | ship or limited liability limited partnership proposes to register to transact i; must contain acceptable suffix. | |
| 2. Delaware | | 3. 08/11/2020 | |
| S | tate or Country of Formation | Date of Formation | |
| 4. Federal Employ | er Identification Number85-2460835 | | |
| 5. Name of Registe | ered Agent for Service of Process and I | Florida Street Address: | |
| Corporation Servi | ice Company | | |
| 1201 Hays Street | | | |
| Tallahassee, FL 3 | 32301 | | |
| | lative to the proper and complete perform gistered agent. | agree to act in this capacity. I further agree to comply with the provisions nance of my duties, and I am familiar with and accept the obligations of | |
| 7. Principal Office: | <u>-</u> | 8. Mailing Address: | |
| 4582 S. Ulster St. | | 4582 S. Ulster St. | |
| Suite 1450 | | Suite 1450 | |
| Denver, CO 8023 | 77 | Denver, CO 80237 | |
| 9. If limited partne | ership is a limited liability limited part | enership, check box. | |
| - | al office address, and mailing address | · | |
| | al Partner: Aimco OP GP, LLC | Name of General Partner: | |
| 4582 S. Elleter St. Suite 1450 | | | |
| Street Address: | Denver, CO 80237 | Street Address: | |
| | 4582 S. Ulster St., Suite 1450 | Maille Address | |
| | | Mailing Address: | |
| Name of Genera | al Partner: | Name of General Partner: | |
| | | Street Address: | |
| Jucot riddiess. | | Onece / tuticos. | |
| Mailing Address | · · · · · · · · · · · · · · · · · · · | Mailing Address: | |
| Maining Address. | | Maining Additions. | |

Page 1 of 2

| | Page 1 of 2 | PILED PALLAHASHI PA 1:07 |
|---|--|-----------------------------|
| Name of General Partner: Street Address: | | SEC FLORID. |
| Mailing Address: | Mailing Address: | |
| 11. Effective date, if other than the date of filing:(Effective date cannot be prior to nor more than 90 do Note: If the date inserted in this block does not meet t document's effective date on the Department of State | nys after the date this document is filed by the he applicable statutory filing requirements, this | |
| 12. Attached is a certificate of existence duly authenti Florida Department of State, by the Secretary of State the law of which it is organized. | or other official having custody of the entity's | |
| | y ,20 21 GP, L.L.C, a Delaware limited liability company, its gen | • |

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.

Jennifer Johnson, Executive Vice President Signature of a general partner

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AIMCO OP L.P." IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

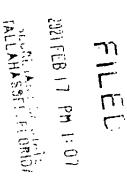
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIMCO OP L.P."

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.





Authentication: 202529523

Date: 02-17-21

3410527 8300 SR# 20210489649