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DATE:

3/17/14

**NAME:** ATLAS APARTMENT HOMES LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERIFIED COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PAUL** 

#### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations		
SUBJECT: Atlas Apartment Homes LLC		
SUBJECT:	Name of Limited Liability Company	<del></del>
The enclosed "Application by Foreign Limited Existence, and check are submitted to register	d Liability Company for Authorization to Transact Business in Floric the above referenced foreign limited liability company to transact b	da," Certificate of usiness in Florida
Please return all correspondence concerning the	his matter to the following:	
Jon Sims		
-	Name of Person	<del></del>
Greenberg Traurig, LLP		
**************************************	Firm/Company	_
77 West Wacker Drive, Suite	e 3100	
	Address E	1 (c) —a
Chicago, IL 60601		
	City/State and Zip Code	
simsj@gtlaw.com	.; (**)	
E-mail ad	idress: (to be used for future annual report notification)	
For further information concerning this matter,	r, please call:	? 53
Jon Sims	at (312 ) 399-2090	
Name of Contact Pers		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	amount:  Filing Fee & S\$155.00 Filing Fee & \$\square\$\$ \$160.00 Filing Fee ate of Status Certified Copy 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:

ibility Company," "L.L.C," or	ate name adopted for the purpose of transacting business in Floric "LLC.")	18. The alternate name must include L	imited
Illinois	3		
(Jurisdiction under the law of v company is organized)	which foreign limited liability (FEI	l number, if applicable)	
upon filing	(Date first transacted business in Florida, if prior to registrati (See sections 605.0904 & 605.0905, F.S. to determine penalty l		
135 Revere Drive			
Northbrook, IL 60062			
	(Street Address of Principal Office)		•••
135 Revere Drive			·
Northbrook, IL 60062		62 -d	
	(Mailing Address)	11 p	
The name, title or cap	pacity and address of the person(s) who has/have	authority to manage is/are:	٠
•	• •	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
even Ivankovich, Manager,	135 Revere Drive, Northbrook, IL 60062	<u>&gt;</u>	_
			_ <b>-</b> -

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liab	bility Company is:		
Atlas Apartment	Homes LLC			
If unavailable,	the alternate to be	e used in the state of Florida is:		
2. The name a	nd the Florida stre	eet address of the registered agent and office are:		
	National Corporate	e Research, Ltd., Inc.	ALL St.C	
		(Name)		7 29 2 29
	155 Office Plaza D	Drive	; ; . /'T) -	*****
	Flor	ida Street Address (P.O. Box NOT ACCEPTABLE)	三 第2	11 39 111
	Tallahassee	FL 32301	Şm	Ċ
		City/State/Zip		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

National Corporate Research, Ltd., Inc.

By: Corporate Research, Ltd., Inc.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0371839-5



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ATLAS APARTMENT HOMES LLC, HAVING ORGANIZED IN THE STATE OF IELINOIS ON OCTOBER 25, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1407601502

Authenticate at: http://www.cyberdriveillinois.com

## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH

day of MARCH

A.D.

2014

Desse White

SECRETARY OF STATE