3/2/2017

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

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Foreign Limited Liability Company **AOF Running Brook LLC**

Certificate of Status	ı
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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To:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	LLC		
(Name of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC	· · · · · ·
(H'name unavailable, enter a Liability Company," "L.C.C	Iternate name adopted for the purpose of trans," or "LLC.")	sacting business in Plorida. The alternate name mu	st include "Limited
2. Delaware			
company is organized)	of which foreign limited liability	(FEI number, if applicable)	-
March 20, 2017			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	rida, if prior to registration.) S. to determine penalty liability)	
. 4401 Northside Pari	(way, Sulte 711		
Atlanta, Georgia 303			
AZA4 Alambaida Caul	(Street Address of Principal	Office)	
5. 4401 Northside Park	way, Suite 711		
Atlanta, Georgia 303		<u> </u>	
	(Mailing Address)		FE8
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	28
Name:	CT Corporation System		:-5-
Office Address:	1200 South Pine Island Road		4 5 3
Office realities.	Plantation, Broward County	Florida 33324	(a)
legistered agent's accep	(City)	(Zip code)	- *
esignated in this applica ocomplywith the provision	tion, I hereby accept the appointment as ons of all statutes relative to the proper a ny position as seglytered agent.	rocess for the above stated limited liability corregistered agent and agree to act in this capud complete performance of my duties, and Bernadette Baker ('s signalistication Secretary	acity. I further agi
ccept the obligations of t	(Registered agoni	ASSISTANT DECIDED Y	
. The name, title or capa	city and address of the person(s) who has	/have authority to manage is/are:	
3. The name, title or capa AOF Miami Dade Attordab		/have authority to manage is/are:	

This document is executed in accordance with section 605,0203 (1) (b), Plorida 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.

Philip J. Kennedy, Prosident, AOF Miami Dace Affordable Housing Corp., Member

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AOF RUNNING BROOK 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 FIRST DAY OF FEBRUARY, A.D. 2017.

6301078 8300 SR# 20170537245

SR# 20170537245
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffer y H. Ching's Secretary at Alase

Authentication: 201965782

Date: 02-01-17