

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M17000068085

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.

((H170002421263))



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To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA003000023 1
Phone : (512) 418-6949
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.

Email Address: _____

Foreign Limited Liability Company
Pomorum Renters Insurance Agency, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2017 SEP 21 PM 12:47

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help
SEP 21 2017

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pomorunt Renters Insurance Agency, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

lkitzmiller@avalonbay.com

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

For further information concerning this matter, please call:

_____, _____ at (_____) _____
Name of Contact Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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850-617-6381

9/19/2017 11:05:42 AM PAGE 1/001

Fax Server



September 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: POMORUM RENTERS INSURANCE AGENCY, LLC
REF: W17000074419

FILED
2017 SEP 21 AM 11:13
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Signed affidavit for reason of date of filing in Florida change not included.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D. Harris
Regulatory Specialist II

FAX Aud. #: H17000242126
Letter Number: 917A00018978

2017 SEP 21 PM 12:07
TALLAHASSEE, FLORIDA

Pomorum Renters Insurance Agency, LLC

September 21, 2017

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Pomorum Renters Insurance Agency, LLC

To Whom It May Concern:

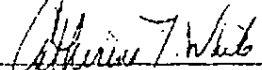
In the prior submission of the Application to Transact Business in Florida, I filled in the date of formation of the entity in Virginia in Section 4 of the application. The entity has NOT previously transacted business in the state of Florida. It was a typographical error.

Very truly yours,

POMORUM RENTERS INSURANCE AGENCY, LLC,
a Delaware limited liability company

By: AVB Service Provider, Inc.,
a Maryland corporation
its Sole Member

By:


Name: Catherine T. White
Title: VP, Associate General Counsel
& Assistant Secretary

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. Pemotium Renters Insurance Agency, 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. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-3353283
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if before registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
5. Ballston Tower
(Street Address of Principal Office)
671 N. Glebe Road, Suite 800
Arlington, VA 22203
6. Ballston Tower
(Mailing Address)
671 N. Glebe Road, Suite 800
Arlington, VA 22203

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(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: C T Corporation System Kristin Bolden
(Registered agent's signature) Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Sole Member	AVB Service Provider, Inc. 671 N. Glebe Road, Suite 800 Arlington, VA 22203		

(Use attachments if necessary)

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.

Catherine T. White
Signature of an authorized person
Catherine T. White - VP, Associate General Counsel & Assistant Secretary of
AVB Service Provider, Inc., Sole Member
Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

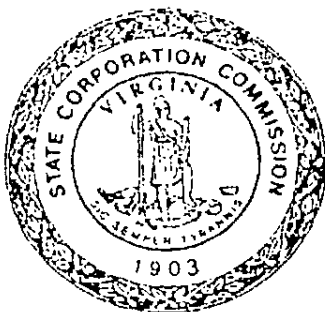
I Certify the Following from the Records of the Commission:

That Pomorum Renters Insurance Agency, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 25, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
September 13, 2017*

Joel H. Peck
Joel H. Peck, Clerk of the Commission