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COVER LETTER

TO:

| TO: | Registratio Division of | n Section Corporation | s | | | | |
|--------|----------------------------|--------------------------|--|------------------------------------|--|---|---|
| SUBJI | CPSI, | LLC | | | | | |
| 3000 | | | Name of | Limited Liability C | Company | | |
| | | | | | | insact Business in Florida," Certific company to transact business in F | |
| Please | return all corr | espondence c | oncerning this matter to the | following: | | | |
| | Lo | gal Departme | ent | | | | |
| | | | N | ame of Person | | | |
| | М | id-America A | partments, L.P. | | | | |
| | _ | | F | irm/Company | | | |
| | 65 | 84 Poplar Av | е | | | | |
| | | | | Address | | | |
| | М | emphis, TN 3 | 8138 | | | | |
| | _ | | City/S | State and Zip Code | | | |
| | kell | ye.clouse@m | aac.com | | | | |
| | | | E-mail address: (to be use | d for future annual | report not | ification) | |
| For fu | rther informati | on concerning | g this matter, please call: | | | | |
| | Kellye Clo | use | | 901 at (| 682-66 | 00 | |
| | | Name o | f Contact Person | Area Code | Day | time Telephone Number | |
| | | 327 | | | Division Registrat Clifton B 2661 Exe | CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301 | |
| Enclos | sed is a check \$125.00 | | ing amount: \$\Bigcup \\$130.00 \text{Filing Fee & Certificate of Status}\$ | □ \$155.00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | 2 |

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

IN COMPILANCE 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:

| (If name unavailable, enter alternate i | name adopted for the purpose of transacting business in Flo | orida. The alternate name must include "Limited L | ability Company," "L.L.C," or "LLC.") |
|--|--|--|---|
| 2. Alabama | | 3. <u>42-1543814</u> (FEI max | |
| (Junsdiction under the law of w | hich foreign limited liability company is organized) | (FEI mu | nber, if applicable) |
| 4 1/1/2018 | | | |
| · | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine | registration.) | |
| - 6584 Ponlar Ave | | 6. 6584 Poplar Ave | |
| 5. 6584 Poplar Ave (Street Address of | Principal Office) | 6. (Mailing Ad | idress) |
| Memphis, TN 38138 | | Memphis, TN 38138 | |
| | | | |
| - | | | |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | |
| Name: | C T Corporation System | | |
| Office Address: | 1200 South Pine Island Road | | |
| Office Address: | | | |
| | Plantation | , Florida <u>33324</u> | |
| Registered agent's accep | (City) | (Zip co | ode) |
| designated in this applicate to comply with the provis | egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. | is registered agent and agree to ac r and complete performance of my | t in this capacity. I further agr duties, and I am familiar with |
| designated in this applicate to comply with the provis | ition, I hereby accept the appointment a ions of all statutes relative to the proper | registered agent and agree to ac rand complete performance of my Stephal Assista | et in this capacity. I further agr continuous and I am familiar with |
| designated in this applicate to comply with the provise and accept the obligation | ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's | registered agent and agree to ac r and complete performance of my Stephal Assista | it in this capacity. I further agree duties, and I am familiar with nie Boehm. |
| designated in this applicate to comply with the provise and accept the obligation | ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. | registered agent and agree to ac r and complete performance of my Stephal Assista | it in this capacity. I further agree duties, and I am familiar with nie Boehm. |
| designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap | ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who has | s registered agent and agree to act and complete performance of my Stephan Assista signature) as/have authority to manage is/are: Title or Capacity: | nt in this capacity. I further agree duties, and I am familiar with nie Boehm nt Secretary |
| designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap Title or Capacity: | ttion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: | s registered agent and agree to act and complete performance of my Stephan Assista signature) as/have authority to manage is/are: Title or Capacity: | it in this capacity. I further agree duties, and I am familiar with nie Boehm |
| designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap Title or Capacity: | (Registered agent's acity and address of the person(s) who have a mid-America Apartments, L.I. 6584 Poplar Ave | s registered agent and agree to act and complete performance of my Stephan Assista signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further agree duties, and I am familiar with nie Boehm nt Secretary Name and Address: |
| designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap Title or Capacity: | (Registered agent's acity and address of the person(s) who have a mid-America Apartments, L.I. 6584 Poplar Ave | s registered agent and agree to act and complete performance of my Stephan Assista signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further agree duties, and I am familiar with nie Boehm |
| designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap Title or Capacity: | (Registered agent's acity and address of the person(s) who have a mid-America Apartments, L.I. 6584 Poplar Ave | s registered agent and agree to act and complete performance of my Stephan Assista signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further agree duties, and I am familiar with nie Boehm |
| designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap Title or Capacity: | (Registered agent's acity and address of the person(s) who have and Address: Mid-America Apartments, L.I. 6584 Poplar Ave Memphis, TN 38138 | s registered agent and agree to act and complete performance of my Stephan Assista signature) as/have authority to manage is/are: Title or Capacity: | nt in this capacity. I further agree duties, and I am familiar with nie Boehm had Secretary |
| designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Sole Member (Use attachments if neces | Acity and address of the person(s) who has a Name and Address: Mid-America Apartments, L.I. 6584 Poplar Ave Memphis, TN 38138 | s registered agent and agree to ace and complete performance of my Stephal Assista signature) as/have authority to manage is/are: Title or Capacity: P. duly authenticated by the official leading and complete performance to accomplete the performance of my stephal agents and complete the performance of my stephal agents are also accomplete the performance of the perfor | naving custody of records in the |
| designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Sole Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed. | Action, I hereby accept the appointment actions of all statutes relative to the properties of my position as registered agent. (Registered agent's active and address of the person(s) who have and Address: Mid-America Apartments, L.I. 6584 Poplar Ave Memphis, TN 38138 ssary) The of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cutted in accordance with section 605.020. | Assistanticated by the official Ite is in a foreign language, a translate of 10 de rand complete performance of my Stephan Assistanticated by the official Ite is in a foreign language, a translate of 10 de range is a manage is a manag | Name and Address: Name and Address: |
| designated in this applicate to comply with the provise and accept the obligation. 8. The name, title or cap Title or Capacity: Sole Member (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be seen as the complex of the translator is executed by the complex of the translator is executed by the complex of the translator is executed by the complex of the complex of the translator is executed by the complex of the complex | Action, I hereby accept the appointment actions of all statutes relative to the properties of my position as registered agent. (Registered agent's acity and address of the person(s) who has a Name and Address: Mid-America Apartments, L.I. 6584 Poplar Ave Memphis, TN 38138 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605.020 to the Department of State constitutes a the | Assistanticated by the official Ite is in a foreign language, a translate of 10 de rand complete performance of my Stephan Assistanticated by the official Ite is in a foreign language, a translate of 10 de range is a manage is a manag | Name and Address: Name and Address: |

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

State of Alabama

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that CPSI, LLC was formed in Montgomery County, Alabama on September 9, 1993. The Alabama Entity Identification number for this entity is 159-276. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/18/2018

Date

X.W. Merill

John H. Merrill

Secretary of State