

M19000003039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

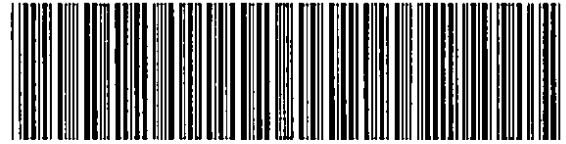
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Elisabeth Alonso gave permission
to update application #4 3/28/19
DS

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JOHN TAYLOR
TALLAHASSEE, FLORIDA

2019 MAR 15 PM 02

FILED

03/15/19--01012--008 **125.00

3/28/19 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENSINGTON APARTMENTS 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:

ELISABETH ALONSO

Name of Person

KENSINGTON APARTMENTS LLC

Firm/Company

320 N MAIN STREET SUITE 200

Address

ANN ARBOR, MI 48104

City/State and Zip Code

ealonso@mckinley.com

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

For further information concerning this matter, please call:

ELISABETH ALONSO

737

769-8520

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

2019 MAR 15 P 10:02
TALLAHASSEE, FLORIDA

FILED

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. KENSINGTON APARTMENTS 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. INDIANA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 38-3455442

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 320 N MAIN STREET SUITE 200

(Street Address of Principal Office)

6. 320 N MAIN STREET SUITE 200

(Mailing Address)

ANN ARBOR, MI 48104

ANN ARBOR, MI 48104

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

Name: HARRY W COLLISON

Office Address: 180 S KNOWLES AVENUE STE 3

WINTER PARK

(City)

, Florida

32789

(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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: ALBERT M BERRIZ

☐ Member Address: 320 N MAIN STREET

☐ Authorized SUITE 200

Person ANN ARBOR, MI 48104

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: GPR MCKINLEY MANAGER L

☐ Member Address: 320 N MAIN STREET

☐ Authorized SUITE 200

Person ANN ARBOR, MI 48104

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

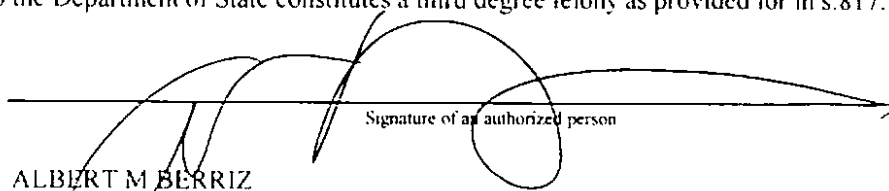
Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.


Signature of an authorized person

ALBERT M BERRIZ
Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

KENSINGTON APARTMENTS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 23, 1999, and was in existence or authorized to transact business in the State of Indiana on March 07, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 07, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1999021783 / 2019906439

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 06, 2019.

FILED
2019 MAR 15 P 10:02
CLERK OF STATE
TALLAHASSEE, FLORIDA