

M19000006873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

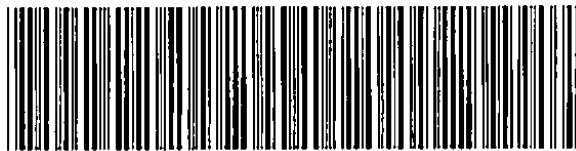
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUL 16 PM 4:15  
19 JUL 16 AM 11:17  
FALL AWARDING FLORIDA  
STATE  
FALL AWARDING FLORIDA

B KINSEY  
JUL 17 201

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 833777 8269877

AUTHORIZATION :



COST LIMIT : \$ \$1,180.00

ORDER DATE : July 8, 2019

ORDER TIME : 3:34 PM

ORDER NO. : 833777-015

CUSTOMER NO: 8269877

FOREIGN FILINGS

NAME: ARLP REO 400, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_

2019 JUL 16 PM 4:11  
TALLAHASSEE, FL 32301

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARLP REO 400, 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:

Graham Singer

\_\_\_\_\_  
Name of Person

HavenBrook Homes

\_\_\_\_\_  
Firm/Company

3505 Koger Blvd., Suite 400

\_\_\_\_\_  
Address

Duluth, GA 30096

\_\_\_\_\_  
City/State and Zip Code

RELegal@havenbrookhomes.com

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

For further information concerning this matter, please call:

Graham Singer or Cassey Davis

470

268-4424

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUS.  
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. ARLP REO 400, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4825767  
(FEI number, if applicable)

4. August 1, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3505 Koger Blvd., Suite 400  
(Street Address of Principal Office)

6. 3505 Koger Blvd., Suite 400  
(Mailing Address)

Duluth, GA 30096  
Duluth, GA 30096

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

19 JUL 16 AM 11:17  
TALLAHASSEE, FLORIDA  
STATE  
RECEIVED

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: Corporation Service Company  
(Registered agent's signature)

Lydia Cohen  
Asst. Vice President


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

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	ARLP I, LLC		<input type="checkbox"/> Manager	Name:	ARLP II, LLC	
<input checked="" type="checkbox"/> Member	Address:	3505 Koger Blvd., Suite 400		<input checked="" type="checkbox"/> Member	Address:	3505 Koger Blvd, Suite	
<input type="checkbox"/> Authorized		Duluth, GA 30096		<input type="checkbox"/> Authorized		Duluth, GA 30096	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Miles Adams		<input type="checkbox"/> Manager	Name:	Diane Robison	
<input type="checkbox"/> Member	Address:	3505 Koger Blvd., Suite 400		<input type="checkbox"/> Member	Address:	150 South Pine Island Rd	
<input checked="" type="checkbox"/> Authorized		Duluth, GA 30096		<input checked="" type="checkbox"/> Authorized		Suite 410	
Person				Person		Plantation, FL 33324	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Jeff Stallard		<input type="checkbox"/> Manager	Name:	David Fernandez	
<input type="checkbox"/> Member	Address:	3505 Koger Blvd., Suite 400		<input type="checkbox"/> Member	Address:	150 South Pine Island Rd	
<input checked="" type="checkbox"/> Authorized		Duluth, GA 30096		<input checked="" type="checkbox"/> Authorized		Suite 410	
Person				Person		Plantation, FL 33324	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

Randall K. Mason

Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARLP REO 400, 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 EIGHTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARLP REO 400, LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5794577 8300

SR# 20195842171

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203168659

Date: 07-08-19