

Page 2 08-17-09:03 80845 Rana McGraw  
 2/2019 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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.

((H190002396123)))



H190002396123ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED  
 2019 AUG 12 PM 4:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

RECEIVED  
 19 AUG 12 AM 11:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company**  
**PPF AMLI 8800 Doral Boulevard, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

119000074617

Electronic Filing Menu Corporate Filing Menu Y SCOTT Help

AUG 15 2019

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

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. PPF AMLI 8800 Doral Boulevard, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

Delaware

2. jurisdiction under the law of which foreign limited liability company is organized:

3.

(FEI number, if applicable)

upon qualification

4.

(Date first transacted business in Florida, if date to be indicated.  
(See sections 605.004 & 605.006, F.S., to determine priority filing))

c/o AMLI Residential Properties, L.P.

5.

(Street Address of Principal Office)

141 West Jackson Boulevard, Suite 200

Chicago, IL 60604

c/o AMLI Residential Properties, L.P.

6.

(Mailing Address)

141 West Jackson Boulevard, Suite 3045

Chicago, IL 60604

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

33324

Florida

(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.*

C T Corporation System

By:

(Registered agent's signature)

M. E. Jones, Asst. Sec'y.

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: AMLI Residential Properties, L.P.

☒ Member Address: 141 West Jackson Boulevard

☐ Authorized Suite 300

Person Chicago, IL 60604

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Julie Martens

☐ Member Address: 141 West Jackson Boulevard

☒ Authorized Suite 300

Person Chicago, IL 60604

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ 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

See attached signature page


\_\_\_\_\_  
Typed or printed name of signer

FILED  
2019 AUG 12 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PPF AMLI 8800 DORAL BOULEVARD, LLC, a  
Delaware limited liability company

By: AMLI Residential Properties, L.P., a  
Delaware limited partnership, its Sole  
Member

By: AMLI Residential Partners LLC, a Delaware  
limited liability company, its General  
Partner

By:   
Name: Julie Martens  
Title: Assistant Secretary

FILED  
2019 AUG 12 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PPF AMLI 8800 DORAL BOULEVARD, 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 TWELFTH DAY OF AUGUST, A.D. 2019.

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

FILED  
2019 AUG 12 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7527335 8300

SR# 20196456771

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

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 203390051

Date: 08-12-19