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**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 1/16/2020  
 Acc#120160000072

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Name:	PPF AMLI 45 Wynwood, LLC
Document #:	
Order #:	12569855

Certified Copy of Arts & Amend:	<input type="checkbox"/>	FILED 2020 JAN 16 PM 4:44 TALLAHASSEE, FLORIDA	
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Amount: \$ **155**

Thank you!

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. PPF AMLI 45 Wynwood, 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. (FEI number, if applicable)

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

5. c/o AMLI Residential Properties, L.P.  
(Street Address of Principal Office)

141 West Jackson Boulevard, Suite 300

Chicago, IL 60604

6. c/o AMLI Residential Properties, L.P.  
(Mailing Address)

141 West Jackson Boulevard, Suite 300

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, 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.

C T Corporation System  
By: (Registered agent's signature)  
Jin Song, Assistant Secretary

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: PPF AMLI Devco, LLC

☒ Member Address: 141 West Jackson Boulevard

☐ Authorized Suite 300

Person Chicago, IL 60604

☐ Other ☐ Other

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

☐ Manager Name: Charlotte Sparrow

☐ 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: Stephen Ross

☐ Member Address: 141 West Jackson Boulevard

☒ Authorized Suite 300

Person Chicago, IL 60604

☐ Other ☐ Other

☐ Manager Name: Alicia Dokes

☐ Member Address: 888 East Las Olas Boulevard

☒ Authorized Suite 601

Person Fort Lauderdale, FL 33301

☐ Other ☐ Other

☐ Manager Name: Matthew Thomson

☐ Member Address: 888 East Las Olas Boulevard

☒ Authorized Suite 601

Person Fort Lauderdale, FL 33301

☐ 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

PPF AMLI 45 WYNWOOD, LLC,  
a Delaware limited liability company

By: PPF AMLI Devco, LLC,  
a Delaware limited liability company,  
its Sole Member

By: PPF AMLI Co-Investment, LLC,  
a Delaware limited liability company,  
its Manager

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

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

By: 

Name: Stephen C. Ross

Title: Authorized Person

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PPF AMLI 45 WYNWOOD, 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 FIFTEENTH DAY OF JANUARY, A.D. 2020.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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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 "JB", 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: 202196575

Date: 01-15-20