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Office Use Only



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m/20/20 Us CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 357215 , 7164167

AUTHORIZATION: Signelle Man

COST LIMIT : \$'125.00

ORDER DATE : July 15, 2020

ORDER TIME : 12:02 PM

ORDER NO. : 357215-005

CUSTOMER NO: 7164167

FOREIGN FILINGS

NAME: AH SUBGP 1170 PALMS AT VERO

BEACH, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate t	name adopted for the purpose of transacting business in Fl	orida. The	ahemate name must include "Lamited Liability Company,	" "L.L.C," or "L
Delaware 2.		85-1951792		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)		
			· .	<u>ئ</u> ب_
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registratio ne penalty	n.) liability)	3
c/o AIG GRE - Affordable Housing 6		c/o AIG GRE - Affordable Housing	.`	
5190 Neil Road. Suite			777 S. Figueroa Street, 16th Floor	-
Reno, NV 89502 Lo		Los Angeles, CA 90017		
Name and street address	s of Florida registered agent: (P.O. Box	NOT	acceptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
Tallahassee			32301	

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.

(Revistered agent's symature)

Amande Pobleson Asst I sident

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: Title or Capacity: Name and Address: Stewart Polakov Name: Thomas Musante □Manager □Manager 777 S. Figueroa Street 777 S. Figueroa Street □Member Address: □Member 16th Floor 16th Floor □ Authorized □ Authorized Los Angeles, CA 90017 Los Angeles, CA 90017 Person Person Exec.Vice Pres. Sr. Vice President □Other □Other Name: Peter Stoughton □Manager □Manager 777 S. Figueroa Street ☐ Member Address: □Member 16th Floor ☐ Authorized ☐ Authorized Los Angeles, CA 90017 Person Person □Other Other____ □Other Name: _____ □Manager Name: _____ □ Manager □Member Address: □Member Address: _ □ Authorized ☐ Authorized Person Person □Other____ □Other □Other___ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Digitally signed by Stewart Polakov Stewart Date: 2020 07 14 Polakov 17:38:04 -05:00 Signature of an authorized person Stewart Polakov

Typed or printed name of signee

Page 1

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AH SUBGP 1170 PALMS AT VERO BEACH,

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 JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AH SUBGP 1170

PALMS AT VERO BEACH, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D.

2020.

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

Authentication: 203287537

Date: 07-15-20

3217995 8300 SR# 20206243730