

M200000006867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

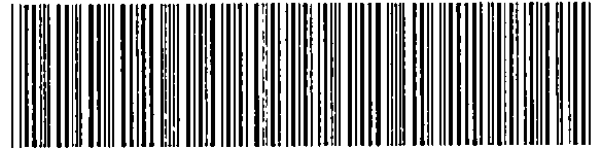
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/10
WDC

Office Use Only



000349588430

20 AUG - 7 11 28 AM
FILED

20 AUG - 7 PM 5:18
FILED

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

ACCOUNT NO. : I20000000195
REFERENCE : 379496 5124005
AUTHORIZATION : *Squiddelema*
COST LIMIT : \$ 125.00

ORDER DATE : August 6, 2020
ORDER TIME : 10:54 AM
ORDER NO. : 379496-010
CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: AHOTB 640 NE 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: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AHOTB 640 NE 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:

DEBRA MCDONALD

Name of Person

AIMCO

Firm/Company

4582 S ULSTER ST SUITE 1700

Address

DENVER CO 802237

City/State and Zip Code

DEBRA.MCDONALD@AIMCO.COM

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

For further information concerning this matter, please call:

DEBRA MCDONALD

at (303) 757-8101

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

FILED
AUG - 7 PM 5:18

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. AHOTB 640 NE 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. 85-2294382
(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. 4582 S ULSTER ST
(Street Address of Principal Office)

6. 4582 S ULSTER ST
(Mailing Address)

SUITE 1700

SUITE 1700

DENVER CO 80237

DENVER CO 80237

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

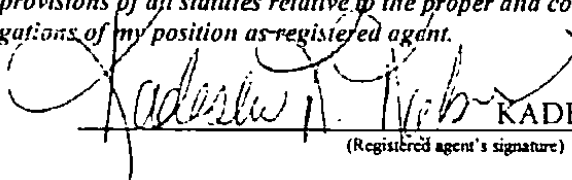
Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (Zip code)

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.


KADESHA ROBERSON, ASST. VICE PRESIDENT
(Registered agent's signature)

FILED
20 AUG - 7 PM 5:00

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

Title or Capacity: **Name and Address:**
 Manager Name: AIMCO PROPERTIES, L.P.
 Member Address: 4582 S ULSTER ST
 Authorized SUITE 1700
 Person DENVER CO 80237
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: MATT KONRAD
 Member Address: 6700 ROCKLEDGE DR
 Authorized SUITE 110A
 Person BETHESDA MD 20817
 Other _____ Other _____

Manager Name: KENNETH DIAMOND
 Member Address: 4582 S ULSTER ST
 Authorized SUITE 1700
 Person DENVER CO 80237
 Other _____ Other _____

Manager Name: JOHN NICHOLSON
 Member Address: 4582 S ULSTER ST
 Authorized SUITE 1700
 Person DENVER CO 80237
 Other _____ Other _____

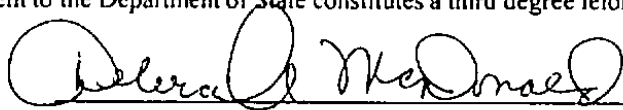
Manager Name: LEE HODGES
 Member Address: 6700 ROCKLEDGE DR
 Authorized SUITE 110A
 Person BETHESDA MD 20817
 Other _____ Other _____

Manager Name: DEBRA A MCDONALD
 Member Address: 4582 S ULSTER ST
 Authorized SUITE 1700
 Person DENVER CO 80237
 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

DEBRA A. MCDONALD

Typed or printed name of signer

FILED
 20 AUG - 7 PM 5:1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AHOTB 640 NE 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 SIXTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHOTB 640 NE LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2020.

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




Jeffrey W. Bullock, Secretary of State

3307108 8300

SR# 20206619305

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203422057

Date: 08-06-20