

M200000006868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

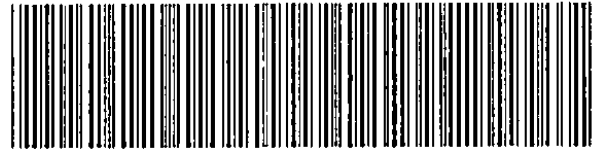
(Document Number)

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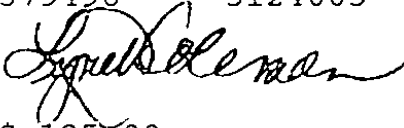


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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

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

-----  
ORDER DATE : August 6, 2020  
ORDER TIME : 10:59 AM  
ORDER NO. : 379496-015  
CUSTOMER NO: 5124005  
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FOREIGN FILINGS

NAME: AHOTB 630 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 630 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 80237

\_\_\_\_\_  
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

303

757-8101

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

at ( )

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 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 630 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. 85-2248159 (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.

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

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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

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# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AHOTB 630 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 630 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

3307185 8300

SR# 20206619306

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

Authentication: 203422058

Date: 08-06-20