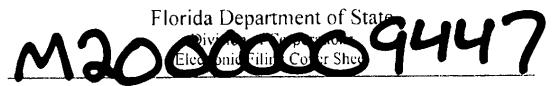
10/16/2020

Division of Corporations



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(((H200003614923)))



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Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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Foreign Limited Liability Company PNC ARITPF Country Oaks LLC

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October 19, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PNC ARHPF COUNTRY OAKS MM LLC

REF: W20000120843

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II FAX Aud. #: H20000361492 Letter Number: 820A00020679

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PNC ARHPF Country Oaks LLC (Name of Foreign Lumited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unswitable, oner alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Listality Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) December 31, 2020 (Date flux transacted business in Florida, if prior to registration.) (See sections 603,0904 & 665,0905, F.S. to determine penalty liability) 300 Fifth Avenue, Attn: J. Salzman 101 South Fifth Street, 7th Floor (Mailing Address) (Street Address of Principal Office) Pillsburgh, PA 15222-2401 Louisville, KY 40202 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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

Having been named as registered agent und 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.

By: (Registered agent's tignsture)

Timothy O Brien

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:
□Manager	Name:	□Manager	Name:
□Member	Address:		Address:
■Authorized	Louisville, KY 40202	■ Authorized	Pittsburgh, PA 15222-2401
Person		Person	
□Other	Other		Other
■Manager	Name:PNC ARHPF Country Oaks	MM LLC_Manager	Name:
■Member	Address:		Address:
□Authorized	Louisville, KY 40202	Authorized	
Person		Person	
□Other	Other	□ Other	Other
□Manager	Name:	Manager	Name:
□Member	Address:		Address:
□Authorized			
Person		Person	
□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.

	Signature of an authorized person	
Jonathan Salzman		
	Typed or printed name of signed	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PNC ARHPF COUNTRY OAKS 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 TWENTIETH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203899747

Date: 10-20-20