12/8/2020

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

Foreign Limited Liability Company PNC ARHPF Country Oaks MM LLC

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K Brumpley

2/004

, PNC ARHPF Country Oaks MM LLC



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 FORFIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

rame univatiable, enter atternate i	name adopted for the purpose of transacting business in Flo	rida. The alte	rrate rame must include "Limited Liab	ality Company," "L L C," o	or "LLC."
Delaware		3.	15-2674318		
(Junisdiction under the law of w	hich foreign iimited liability company is organized)	J	(FEL number,	, if applicable)	_
December 31, 2020					
· 	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration) is penalty lint	nlity)		
101 South Fifth Stree	et, 7th Floor	6.	00 Fifth Avenue, Attn: J. S	Salzman	
treet Address of Principal Office)		ų. <u> </u>	(Mailing Address)		
Louisville, KY 40202		Р	ittsburgh. PA 15222-2401	l	
		_			_
		_			<u>, </u>
Name and street address	ss of Florida registered agent. (P.O. Box	NOT acc	reptable)	SECY SECY	
<u> </u>	<u>_</u>		,	DEC ANALAS	
	Corporation Service Company			(1) CO	Ī
Name.				<u> </u>	Γ
Office Address.	1201 Hays Street		_	AM III	C

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.

Corporation Service Company

By:	Elember Edding	
	(Registered agent's signature)	

Elizabeth Kitchen, Assistant Secretary

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. John Nunnery	□Мападет	Name:
☐ Member	Address: 101 South Fifth Street	□Member	Address:
Authorized	Louisville, KY 40202	∓ Authorized	Pittsburgh, PA 15222-2401
Person		Person	
□Other	Other	□Other	
	PNC ARHPF Fund 2 Operating Compa	iny LLC	
Manager	Name	□Manager	Name.
■ Member	Address. 101 South Fifth Street	□Member	Address:
□Authorized	Louisville, KY 40202	□Authorized	
Person		Person	
□ Other	Other	□Other	Other
□Manager	Name	□Manager	Name.
□Member	Address.	□Member	Address.
□Authorized		□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. 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	
Jonathan Salzman	
Typec or printed name of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PNC ARHPF COUNTRY OAKS MM 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 SEVENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PNC ARHPF COUNTRY OAKS MM LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 204247814

Date: 12-07-20

3421570 8300 5R# 20208576988