

MA/000003694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

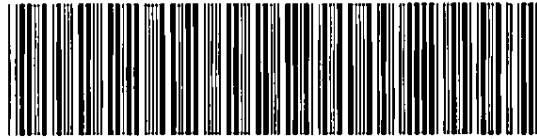
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 30 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

21 MAR 30 AM 2:37

SP

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

ACCOUNT NO. : I20000000195

REFERENCE : 734996 5124005

AUTHORIZATION

COST LIMIT : \$ 130.00

ORDER DATE : March 29, 2021

ORDER TIME : 8:26 AM

ORDER NO. : 734996-040

CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: AIR PROPERTY MANAGEMENT TRS,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIR Property Management TRS, 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

AIR Communities

Firm/Company

4582 S. Ulster St., Suite 1700

Address

Denver, CO 80237

City/State and Zip Code

debra.mcdonald@aircommunities.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

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. AIR Property Management TRS, 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. 85-3685559

(FEI number, if applicable)

4. 12/15/2020

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 4582 S. Ulster St.

(Street Address of Principal Office)

Suite 1700

Denver, CO 80237

6. 4582 S. Ulster St.

(Mailing Address)

Suite 1700

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

(City)

, Florida

32301

(Zip code)

FILED
2021 MAR 30 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FL

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:

(Registered agent's signature)

Shiranda E. Blum
Shiranda E. Blum, Assistant Vice President

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: AIMCO Properties, L.P.	<input type="checkbox"/> Manager	Name: Tony Organ
<input checked="" type="checkbox"/> Member	Address: 4582 S. Ulster St.	<input type="checkbox"/> Member	Address: 4582 S. Ulster St.
<input type="checkbox"/> Authorized	Suite 1700	<input checked="" type="checkbox"/> Authorized	Suite 1700
Person	Denver, CO 80237	Person	Denver, CO 80237
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Paul Beldin	<input type="checkbox"/> Manager	Name: Kenneth Diamond
<input type="checkbox"/> Member	Address: 4582 S. Ulster St.	<input type="checkbox"/> Member	Address: 4582 S. Ulster St.
<input checked="" type="checkbox"/> Authorized	Suite 1700	<input checked="" type="checkbox"/> Authorized	Suite 1700
Person	Denver, CO 80237	Person	Denver, CO 80237
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Lisa R. Cohn	<input type="checkbox"/> Manager	Name: Debra A. McDonald
<input type="checkbox"/> Member	Address: 4582 S. Ulster St.	<input type="checkbox"/> Member	Address: 4582 S. Ulster St.
<input checked="" type="checkbox"/> Authorized	Suite 1700	<input checked="" type="checkbox"/> Authorized	Suite 1700
Person	Denver, CO 80237	Person	Denver, CO 80237
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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 signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIR PROPERTY MANAGEMENT TRS, 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 TWENTY-NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIR PROPERTY MANAGEMENT TRS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2020.

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


Jeffrey W. Bullock, Secretary of State

4003545 8300

SR# 20211080322

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

Authentication: 202845102

Date: 03-29-21