

M210000006140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

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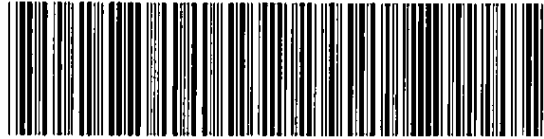
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 19 2021

A. Brumby

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

ACCOUNT NO. : I20000000195

REFERENCE : 820101 8330054

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : May 19, 2021

ORDER TIME : 11:01 AM

ORDER NO. : 820101-005

CUSTOMER NO: 8330054

FOREIGN FILINGS

NAME: FLAMINGO NEW TOWER LESSEE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flamingo New Tower Lessee, 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:

Lisa Ricciardelli

Name of Person

Aimco

Firm/Company

4582 S. Ulster St. Suite 1450

Address

Denver, CO 80237

City/State and Zip Code

Lisa.Ricciardelli@aimco.com

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

For further information concerning this matter, please call:

Lisa Ricciardelli

303
at ()

793-4858

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. Flamingo New Tower Lessee, 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 3. 86-3911575
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/18/2021
(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. Suite 1450 6. 4582 S. Ulster St. Suite 1450
(Street Address of Principal Office) (Mailing Address)
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)

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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: [Signature]
(Registered agent's signature)

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: <u>Aimco Development Company,</u> | <input type="checkbox"/> Manager | Name: <u>Lisa Ricciardelli</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>4582 S. Ulster St. Suite 1450</u> | <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St. Suite 1450</u> |
| <input type="checkbox"/> Authorized | <u>Denver, CO 80237</u> | <input checked="" type="checkbox"/> Authorized | <u>Denver, CO 80237</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Jennifer Johnson</u> | <input type="checkbox"/> Manager | Name: <u>Lee Hodges</u> |
| <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St. Suite 1450</u> | <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St. Suite 1450</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Denver, CO 80237</u> | <input checked="" type="checkbox"/> Authorized | <u>Denver, CO 80237</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>John Nicholson</u> | <input type="checkbox"/> Manager | Name: <u>Matt Konrad</u> |
| <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St. Suite 1450</u> | <input type="checkbox"/> Member | Address: <u>4582 S. Ulster St. Suite 1450</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Denver, CO 80237</u> | <input checked="" type="checkbox"/> Authorized | <u>Denver, CO 80237</u> |
| Person | _____ | Person | _____ |
| <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

Lisa Ricciardelli

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 "FLAMINGO NEW TOWER LESSEE, 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 NINETEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLAMINGO NEW TOWER LESSEE, LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2021.

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



5899427 8300

SR# 20211882470

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203239591

Date: 05-19-21