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(Requestor's Name)
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,
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(Document Number)
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2021 JULY 22 PH 3: 49

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 874606 8330054

AUTHORIZATION : Synell

COST LIMIT : \$ 1/3'0_0.0

ORDER DATE : June 22, 2021

ORDER TIME : 11:44 AM

ORDER NO. : 874606-005

CUSTOMER NO: 8330054

FOREIGN FILINGS

NAME: 1001 BRICKELL OWNER, 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: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	1001 BRICKELL OWNER, LLC					
	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
Please re	eturn 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						
	Lisa.Ricciardelli@aimco.com					
	E-mail address: (to b	be used for future annual report notification)				
For furth	ner information concerning this matter, please ca	all:				
	Lisa Ricciardelli	303 793-4858 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section				
		Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alterna	te name mass include "Limited Liability Cor	mpany," "L L.C," or "LLC.")
Delaware		, 37-	1945158	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if applicable)	
05/28/2019				
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration.)	v)	
4582 S. Ulster St. Si			2 S. Ulster St. Suite 1450	
5. (Street Address of Principal Office)		6	(Mailing Address)	*******
		_		
Denver, CO 80237		Den	ver, CO 80237	
				•
7. Name and street address Name:	Corporation Service Company	<u>NOT</u> accep	stable)	2021 JUN 22
	_	NOT accep	stable)	THE THE PHIE
Name:	Corporation Service Company	NOT accep	atable)	THE THE STATE OF STAT
Name:	Corporation Service Company 1201 Hays Street	NOT accep	— — 32301	2021 JUNI 22 PH 12: 47 CORRESTANCE STATE CORRESTANCE STATE

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: Title or Capacity: Name and Address: Name and Address: Name: ____ BRICKELL BAY MIAMI REIT (Name: Lisa Ricciardelli □Manager □Manager 4582 S. Ulster Street Suite 1-Address: 4582 S. Ulster Street Suite 1-□Member ■Member Denver, CO 80237 Denver, CO 80237 **■** Authorized □ Authorized Person Person Other Other Other Other Jennifer Johnson Name: __ Name: Lee Hodges □Manager □ Manager 4582 S. Ulster Street Suite 1-4582 S. Ulster Street Suite 1-□Member □Member Denver, CO 80237 Denver, CO 80237 **■** Authorized ■ Authorized Person Person □Other ____ Other___ □Other_____ Other____ Matt Konrad Name: ____ □Manager □ Manager Address: 4582 S. Ulster Street Suite 1 Address: 4582 S. Ulster Street Suite 1-□Member □Member Denver, CO 80237 Denver, CO 80237 Authorized Authorized Person Person □Other □ 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. Lisa Ricciardelli

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1001 BRICKELL OWNER, 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-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1001 BRICKELL OWNER, LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2020.

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



Authentication: 203500375

Date: 06-22-21