

M21000009365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

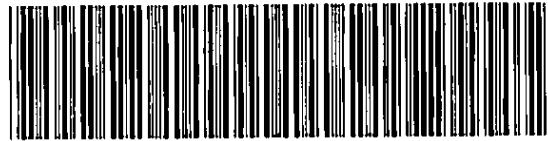
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 22 PM 12:16
SECRETARY OF STATE
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 922181 8038825

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : July 22, 2021

ORDER TIME : 10:34 AM

ORDER NO. : 922181-035

CUSTOMER NO: 8038825

FOREIGN FILINGS

NAME: RESIDENTIAL HOME BUYER
SARASOTA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 615954

EXAMINER:

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Residential Home Buyer Sarasota, 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:

Robyn Moline

Name of Person

Progress Residential, LLC

Firm/Company

PO BOX 4090

Address

Scottsdale, AZ 85256

City/State and Zip Code

Legal@progressresidential.com

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

For further information concerning this matter, please call:

Robyn Moline	480	588-6121
<u>Name of Contact Person</u>	<u>at (</u>	<u>Area Code</u>
	<u>)</u>	<u>Daytime Telephone Number</u>

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 & \$155.00 Filing Fee &
Certificate of Status 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. Residential Home Buyer Sarasota, 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.")

Delaware

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

Attn: Legal
5. _____
(Street Address of Principal Office)

7500 N. Dobson Rd., Suite 300

Scottsdale, AZ 85256

Attn: Legal
6. _____
(Mailing Address)

PO BOX 4090

Scottsdale, AZ 85261

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)

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.

Evelina Bahar
Assistant Vice President

(Registered agent's signature)

7/21/2014
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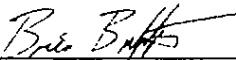
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Single-Family Rental I, LP</u>	<input type="checkbox"/> Manager	Name: <u>Travis Chester</u>
<input checked="" type="checkbox"/> Member	Address: <u>810 7th Ave, 24th Fl</u>	<input type="checkbox"/> Member	Address: <u>Attn: Legal</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10019</u>	<input checked="" type="checkbox"/> Authorized	<u>7500 N. Dobson Rd., Suite 300</u>
Person	<u></u>	Person	<u>Scottsdale, AZ 85256</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brian Buffington</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>Attn: Legal</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>7500 N. Dobson Rd., Suite 300</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Scottsdale, AZ 85256</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<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

Brian Buffington

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESIDENTIAL HOME BUYER SARASOTA, 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 JULY, A.D. 2021.

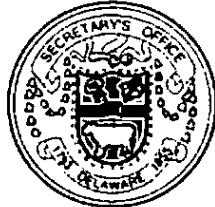
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESIDENTIAL HOME BUYER SARASOTA, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2021.

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

6090546 8300

SR# 20212771876

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



Jeffrey W. Bullock, Secretary of State

Authentication: 203735052

Date: 07-22-21