## 

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(	,	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
	cument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special manuellona to	r illing Officer.	
		į

Office Use Only





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/05/2021	
	Jennifer Bialowas	
Reference	te #: <b>1438646</b>	
	me: ALP-ARC III BRECKENRIDGE PROPERTY CO	OMPANY, LLC
<b>✓</b> Art	ticles of Incorporation/Authorization to Transact Business	
Am	mendment	
Ch.	nange of Agent	~2
☐ Re	einstatement	2021 AVIG
Co	onversion	් ර්
□ Ме	erger	7
☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	` A .
<b>√</b> Oth	her Upon filing please provide certified c	ору
Authorized	d Amount:	
Signature:		

## COVER LÉTTER

Registration Section Division of Corporations

TO:

SUBJECT:	ALP-AR	C III Breckenridg	je Propert	y Company, L	.LC		
		Name of Li	mited Liability	Company		_	
The enclosed "App Existence, and che	plication by Foreign ck are submitted to	Limited Liability Compa register the above referen	ny for Authoriza ced foreign limi	ation to Transact Busin ted liability company t	ess in Florida.' o transact busi	" Certifica ness in Flo	te of rida.
Please return all co	orrespondence conc	erning this matter to the fo	ollowing:				
_	_ <u>_</u>	Collec	en Humes	<b>.</b>			
Name of Person						_	
Cogency Global Inc.						_	
Firm/Company				_			
-		850 New E		#201	<del></del>	_	
	Address						
-	-	<del></del>	DE 1990			_	
City/State and Zip Code							
		chumes@cog					
		nail address: (to be used f	or future annual	report notification)	-	2021	
For further informa	ntion concerning this	s matter, please call:				2021 AUG	
<u></u>	Colleen I		<sub>at (</sub> 518	_)213.08		S.	
	Name of Co	ntact Person	Area Code	Daytime Teleph	one Number	P	1 1
Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			STREET ADDRESS Division of Corporati Registration Section Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	PH 1:07	<i><u>3</u></i>
	is a check for the fo ke check payable to	Howing amount: : FLORIDA DEPARTM	IENT OF STA	ГЕ			
☐ \$125.0	00 Filing Fee 📙	S130.00 Filing Fee & Certificate of Status			160.00 Filing I f Status & Cert		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605.0902, FLORIDA STATUTES, THI ISINESS IN THE STATE OF FLORIDA:	s POLLOW.	NG 18 SUB)	HITHD TO REGIST	ERA FOREJON I	'1NHHE1) I.	MBILIT
1	ALP-ARC III Breckenridg	e Prop	erty Co	mpany, LL0	C		
(Name of Foreign	Limited Liability Company, must include "Lir	nited Liabili	ty Company,"	"L.L.C.," or "LLC.")	)		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The	ilternate name n	nust include "Limited Lia	hility Company ""1 1 1	C " or "[1] C "	٠,
Г	elaware					.,	
/	hich foreign limited liability company is organized)	. 3.		(FEI num)	ber, if applicable)		
4	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	r to registratio	n )				
69 C Conje				Canilaa E	ما درند.	120	
5. OO S. SEIVICE	e Rd., Suite 120	6.	00 5.	Service F	ra., Suite	120	
	NY 11747						
	111111111			lelville, N	111/4/		
7. Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable	ı	٠,	2021 AUG	
						AU6	į
Name:	COGENCY GLOE	BAL II	VC.			S.	•
	445 N # 0 # 0	o :				PH	
Office Address:	115 North Calhoun S	st. Sui	<u>te 4</u>		• -:	<del></del>	7.3
	Tallahasse	е	F	orida 3230	)1	07	
	(City)	· <del>-</del>	,	(Zip code	c)		
Registered agent's accep	tance: gistered agent and to accept service o	of menicoss	for the ab	ona stated limited	liakility compa	no at tha	nluco
designated in this applica	tion, I hereby accept the appointmen	t as regist	ered agent	and agree to act	in this capacity.	I further	r agree
to comply with the provisi and accept the obligation:	ons of all statutes relative to the prop s of my position as registered agent.	e <b>r and</b> co	mpiete per	formance of my (	duties, and I am	familiar	with
	Calleen H	unce	۵				
	(Registered ager						

Jill A. Matarese, Vice President

Typed or printed name of signer

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALP-ARC III BRECKENRIDGE PROPERTY

COMPANY, 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 FIFTH DAY OF AUGUST,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALP-ARC III

BRECKENRIDGE PROPERTY COMPANY, LLC" WAS FORMED ON THE THIRTIETH DAY

OF JULY, A.D. 2021.

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

2021 AUG -5 PM 1: 07



Authentication: 203854392

Date: 08-05-21

6130822 8300 SR# 20212902863