

MA21000015467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

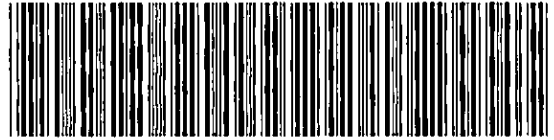
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. FRANKLIN  
NOV 18 2021  
STATE  
SEC. FL  
2021 NOV 17 PM 2:04

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

ACCOUNT NO. : I20000000195  
REFERENCE : 251231 8038825  
AUTHORIZATION *Squiddean*  
COST LIMIT : \$ 125.00

ORDER DATE : November 17, 2021  
ORDER TIME : 10:11 AM  
ORDER NO. : 251231-015  
CUSTOMER NO: 8038825

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TALLAHASSEE, FL

FOREIGN FILINGS

NAME: P5 2021-2 BORROWER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P5 2021-2 Borrower, 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 at (480) 459-2446  
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

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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. P5 2021-2 Borrower, 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 87-3008209
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. Attn: Legal Attn: Legal
(Street Address of Principal Office) (Mailing Address)
7500 N. Dobson Rd., Suite 300 PO BOX 4090
Scottsdale, AZ 85256 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, Florida 32301
(City) (Zip code)

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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.

Eylima Bahor
Assistant Vice President
(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]:

**Title or Capacity:**  Manager  Member  Authorized Person  Other \_\_\_\_\_

**Name and Address:** Name: P5 2021-2 Equity Owner, LLC  
 Address: Attn: Legal  
7500 N. Dobson Rd., Suite 300  
Scottsdale, AZ 85256

**Title or Capacity:**  Manager  Member  Authorized Person  Other \_\_\_\_\_

**Name and Address:** Name: Brian Buffington  
 Address: Attn: Legal  
7500 N. Dobson Rd., Suite 300  
Scottsdale, AZ 85256

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: Travis Chester  
 Address: Attn: Legal  
7500 N. Dobson Rd., Suite 300  
Scottsdale, AZ 85256

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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 COUNTY OF MARICOPA, AZ  
 STATE OF ARIZONA

**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.

*Brian Buffington*

Signature of an authorized person

Brian Buffington

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 "P5 2021-2 BORROWER, 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 SEVENTEENTH DAY OF NOVEMBER, A. D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P5 2021-2 BORROWER, LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A. D. 2021.

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

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DELAWARE



  
Jeffrey W. Bullock, Secretary of State

6289009 8300

SR# 20213819602

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204711726

Date: 11-17-21