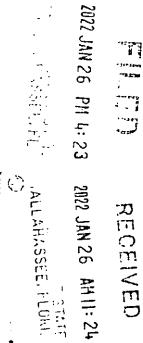
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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S. FRANKLIN JAN 2 7 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 434842 831511

AUTHORIZATION : /

COST LIMIT : \$ 125.00

ORDER DATE: January 25, 2022

ORDER TIME : 10:46 AM

ORDER NO. : 434842-005

CUSTOMER NO: 8315113

FOREIGN FILINGS

NAME: AH ARLINGTON HEIGHTS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AH Arlington Heights,	LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.	.C.," or "LI.C.")		
If name unavailable, enter ulternate i	name adopted for the purpose of transacting business in F	lorida. The alternate name must	include "Limited Liabili	ty Company," "L.L.C," or "LI	.C.")
Delaware					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, i	f applicable)	
				707	
1				~ し	yr yr
· <u> </u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration)		- 圣	به در دور
		Same		2022 JAN 26	
5001 Plaza on the Lake	e. Suite 200		lress)	· -o	2
Street Address of Principal Office)		(Mailing Add	lress)	PH 4: 2:	-
Austin, TX 78746				77. 7.	ı
)
7. Name and street addres	ss of Florida registered agent; (P.O. Box	NOT acceptable)			
. .	Corporation Service Company				
Name:					
	1201 Hays Street				
Office Address:					
	Tallahassee		32301		
	(City)	, Florid	(Zm 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.

(Register d 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: Name and Address: Title or Capacity: Name and Address: Name: Amherst Homes Holdco, LLC Name: □Manager □Manager 5001 Plaza on the Lake Address: Member □Member Address: Suite 200 □ Authorized Authorized Austin, TX 78746 Person Person □Other____ □Other_____ □Other____ Other Name: ____ Victoria R. Husband □Manager Name: _____ □Manager Address: ___ 5001 Plaza on the Lake □Member □Member Address: Suite 200 **■**Authorized □ Authorized Austin, TX 78746 Person Person □Other_ □Other_____ □Other Other Name: □Manager Name: ____ □Manager Address: _____ □Member □ Member ☐ Authorized □Authorized Person Person □Other □Other_____ □Other____ □Other

<u>Important Notice:</u> 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.

Victoria Husband		
	Signature of an authorized person	
Victoria R. Husband		
	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 "AH ARLINGTON HEIGHTS, 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-FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AH ARLINGTON HEIGHTS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

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

2022 JAN 26 PH 4: 23



Authentication: 202478705

Date: 01-25-22

6562575 8300 SR# 20220238803