

M22000002821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

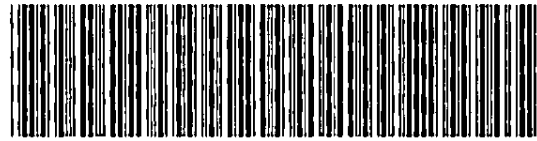
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S. HAWKES  
FEB - 11 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2022

LORENA MONTENEGRO  
141 WEST JACKSON BLVD STE 300  
CHICAGO, IL 60101

SUBJECT: PPF AMLI 180 NE 29TH STREET, LLC  
Ref. Number: W22000022768

We have received your document for PPF AMLI 180 NE 29TH STREET, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 422A00004396

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PPF AMLI 180 NE 29th Street, 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:

Lorena Montenegro  
Name of Person  
PPF AMLI 180 NE 29th Street, LLC  
Firm/Company  
141 West Jackson Blvd, Ste 300  
Address  
Chicago, IL 60101  
City/State and Zip Code  
LMONTENEGRO@AMLI.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Montenegro at (312) 284932  
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

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. PPF AMLI 180 NE 29th Street, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. 1/26/2022 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. PPF AMLI 180 NE 29th Street, LLC (Street Address of Principal Office)
141 West Jackson Blvd, Ste 300
Chicago IL 60604
6. PPF AMLI 180 NE 29th Street, LLC (Mailing Address)
141 West Jackson Blvd, Ste 300
Chicago IL 60604

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

RECEIVED
JAN 27 3 22 PM 2008
STATE OF FLORIDA

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.

James D. Martin (Registered agent's signature)
James D. Martin - Assistant Secretary

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:  
 Manager Name: AMLI Residential Properties, L.P.  
 Member Address: 141 West Jackson Blvd  
 Authorized Ste 300  
 Person Chicago, IL 60604  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager Name: Charlotte Sparrow  
 Member Address: 141 West Jackson Blvd  
 Authorized Ste 300  
 Person Chicago IL 60604  
 Other SVP  Other \_\_\_\_\_

Manager Name: Julie Martens  
 Member Address: 141 West Jackson Blvd  
 Authorized Ste 300  
 Person Chicago IL 60604  
 Other Assist Secretary  Other \_\_\_\_\_

Manager Name: Stephen Ross  
 Member Address: 141 West Jackson Blvd  
 Authorized Ste 300  
 Person Chicago IL 60604  
 Other \_\_\_\_\_  Other \_\_\_\_\_


Manager Name: Alicia Dokes  
 Member Address: 888 East Las Olas Boulevard  
 Authorized ste 601  
 Person Fort Lauderdale, FL 33301  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Matthew Thomson  
 Member Address: 888 East Las Olas Boulevard  
 Authorized ste 601  
 Person Fort Lauderdale, FL 33301  
 Other \_\_\_\_\_  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  
**Charlotte A. Sparrow**  
**Senior Vice President and Secretary**  
 Charlotte Sparrow  
 \_\_\_\_\_  
 Typed or printed name of signee

PPF AMLI 180 NE 29th Street, LLC, a Delaware  
limited liability company

By: AMLI Residential Properties, L.P., a Delaware  
limited partnership, its sole member

By: AMLI Residential Partners LLC, a Delaware  
limited liability company, its general partner

By:   
Name: \_\_\_\_\_  
Title: Charlotte A. Sparrow  
Senior Vice President and Secretary

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PPF AMLI 180 NE 29TH STREET, 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-THIRD DAY OF FEBRUARY, A. D. 2022.

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



6571635 8300

SR# 20220665526

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202743455

Date: 02-23-22