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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

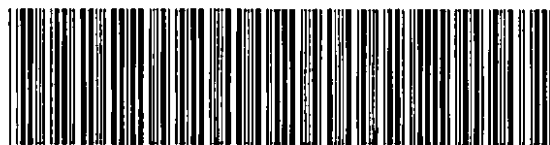
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PPF AMLI 3001 NE 1st Avenue, 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 3001 NE 1st Avenue, LLC

Firm/Company

141 West Jackson Blvd, Ste 300

Address

Chicago IL 60604

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

312

283-4700

at ()

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 3001 NE 1st Avenue, 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 87-1091765
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/4/2021
(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 3001 NE 1st Avenue, LLC 6. PPF AMLI 3001 NE 1st Avenue, LLC
(Street Address of Principal Office) (Mailing Address)

141 West Jackson Blvd, Ste 300 141 West Jackson Blvd, Ste 300
Chicago IL 60604 Chicago IL 60604

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

Assistant Secretary

(Registered agent's signature)

Sandra Zigel

2022 MAR 14 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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]:

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 _____

☐ Manager Name: Julie Martens

☐ Member Address: 141 West Jackson Blvd

☐ Authorized Ste 300

Person Chicago, IL 60604

☒ Other Assist. Secretary ☐ Other _____

☐ Manager Name: Alicia Dokes

☐ Member Address: 888 East Las Olas Boulevard

☒ Authorized Ste 601

Person Fort Lauderdale, FL 33301

☐ 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: Stephen Ross

☐ Member Address: 141 West Jackson Blvd

☒ Authorized Ste 300

Person Chicago, IL 60604

☐ Other _____ ☐ Other _____

☐ Manager Name: Matthew Thomson

☐ Member Address: 888 East Las Olas Boulevard

☒ Authorized Ste 601

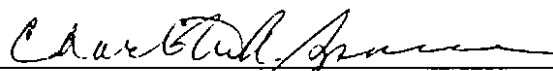
Person Fort Lauderdale, FL 33301

☐ 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

Typed or printed name of signer


Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PPF AMLI 3001 NE 1ST AVENUE, 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 THIRD DAY OF MARCH, A.D. 2022.

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


Jeffrey W. Bullock, Secretary of State

5963390 8300

SR# 20220876100

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

Authentication: 202821226

Date: 03-03-22