m22000000 91328

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Onyrotate/Lips: Horic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Germinates of States
Special Instructions to Filing Officer:

Office Use Only



300382358313

2022 JUN 15 AMII: 2

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 743965 8038825

AUTHORIZATION: Spelle Man

COST LIMIT : \$ 425.400

ORDER DATE: June 15, 2022

ORDER TIME : 10:16 AM

ORDER NO. : 743965-015

CUSTOMER NO: 8038825

FOREIGN FILINGS

NAME: PROGRESS RESIDENTIAL BORROWER

21, LLC

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJI	Progress Residential Borrower 21, LLC	C			
L, () 130 1		ne of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of 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 b	e used for future annual report notification)			
For fur	ther information concerning this matter, please ca	all:			
Robyn Moline		480 459-2446 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	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 DEI \$\Boxed{\text{S125.00}}\$ \text{Filing Fee} \Boxed{\text{S130.00}}\$ \text{Filing Fee} Certificate of	ce & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate			

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

IN COMPILANCE WITH SECTION 005.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Junisdiction under the law of w			
(Jurisdiction under the law of w		88-2601784	
	hich foreign limited liability company is organized)	3. (FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	istration)	
Attn: Legal	(See sections 605 0904 & 605,0905, F.S. to determine		,
reet Address of Principal Office)		Attn: Legal 6. (Mailing Address)	
7500 N. Dobson Rd.,	Suite 300	PO BOX 4090	
Scottsdale, AZ 85256	5	Scottsdale, AZ 85261	
Name and street addres	s of Florida registered agent: (P.O. Box 1	NOT acceptable)	
Name and street addres Name:	S of Florida registered agent: (P.O. Box)	NOT acceptable)	
		NOT acceptable)	
Name:	Corporation Service Company	NOT acceptable)	

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]:

_ □Manager	Name: Brian Buffington
	1 vanie.
_ ☐Member	Address: Attn: Legal
_ ■Authorized	7500 N. Dobson Rd., Suite 300
_ Person	Scottsdale, AZ 85256
Other	Other
□Manager	Name:
	Address:
Authorized	
Person	
□Other	Other
_ □Manager	Name:
□Member	Address:
_ □Authorized	
Person	
□Other	Other
	Authorized Person Other Manager Member Authorized Person Other Manager Authorized

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

Brian Buffington

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PROGRESS RESIDENTIAL BORROWER 21, 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 FIFTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROGRESS

RESIDENTIAL BORROWER 21, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY

OF MAY, A.D. 2022.

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203682246