

6/29/22, 10:25 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filings Cover**M22000010135**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.
Account Number : I20190000025
Phone : (239)649-5200
Fax Number : (239)649-8140

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: filings@naplespropertylaw.com**Foreign Limited Liability Company
AR Apartments LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

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APPROVED
AND
FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AR Apartments 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:

J. Thomas Conroy, III

Name of Person

Conroy, Conroy & Durant, P.A.

Firm/Company

2210 Vanderbilt Beach Road, Suite 1201

Address

Naples, FL 34109

City/State and Zip Code

filings@naplespropertylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha MacLeod

Name of Contact Person

at (239

Area Code

649-5200

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. AR Apartments 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. Illinois

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3553504

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration;
(See section 605.0904 & 605.0905, F.S. to determine penalty liability))5. c/o Reed Property Management

(Street Address of Principal Office)

6. c/o Marcus & Millichap

(Mailing Address)

4099 Tamiami Trail N., Suite 403One Mid-America Plaza, Suite 200Naples, FL 34103Oakbrook Terrace, IL 601817. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

J. Thomas Conroy, III

Office Address:

2210 Vanderbilt Beach Road, Suite 1201Naples

(City)

Florida 34109

(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.

(Registered agent's signature)

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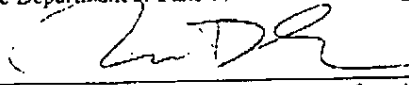
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>VPA Investments LLC, an Illinois limited liability company</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>22W321 Ahlstrand</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Glen Ellyn, IL 60137</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>ABMW Ventures LLC, a Delaware limited liability company</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>One Mid-America Plaza, Suite 200</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Oakbrook Terrace, IL 60181</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



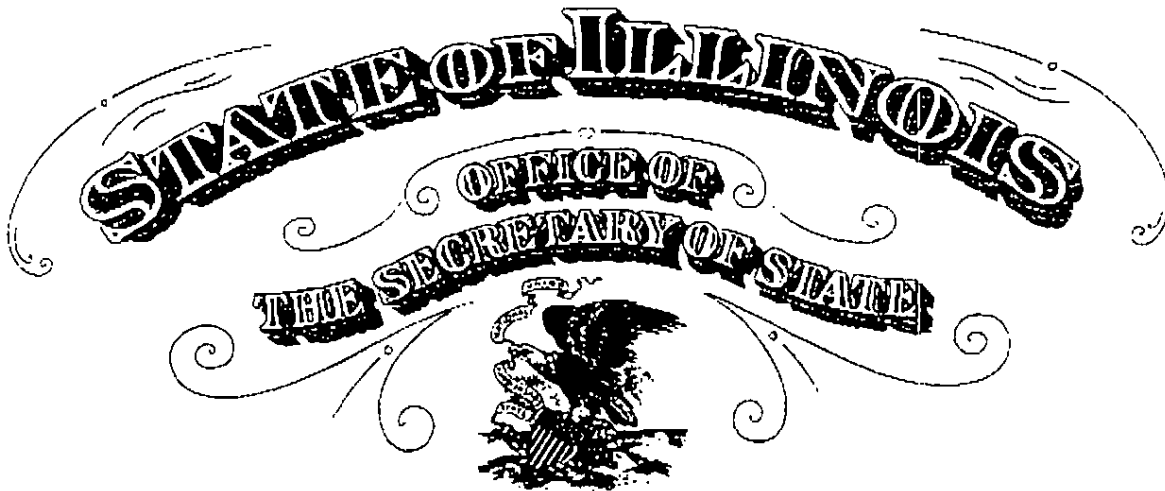
 Signature of an authorized person

Ryan D. Engle, Authorized Member of ABMW Ventures LLC, a Delaware limited liability company
 Typed or printed name of signer

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File Number 0519178-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AR APARTMENTS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 26, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of JUNE A.D. 2022 .***

Jesse White

SECRETARY OF STATE

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