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STATE OF FLORIDA

T. LEMIEUX  
AUG - 1 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ArchCo Oviedo PM 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:

Neil T. Brown

\_\_\_\_\_  
Name of Person

ArchCo Residential LLC

\_\_\_\_\_  
Firm/Company

3340 Peachtree Road NE Ste 1800

\_\_\_\_\_  
Address

Atlanta, GA 30326

\_\_\_\_\_  
City/State and Zip Code

rutherford@cpa.com

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

For further information concerning this matter, please call:

Douglas Rutherford, CPA

404

702-4428

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. ArchCo Oviedo PM 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 3. 88-3276488  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3340 Peachtree Road NE Ste 1800 6. 3340 Peachtree Road NE Ste 1800  
(Street Address of Principal Office) (Mailing Address)  
Atlanta GA 30326 Atlanta GA 30326

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

Name: CAPITOL CORPORATE SERVICES, INC.  
Office Address: 515 EAST PARK AVENUE 2nd Floor  
TALLAHASSEE, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, 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.*

Brian Radecki  
(Registered agent's signature)

Brian Radecki, Assistant Secretary, on  
behalf of Capitol Corporate Services, Inc.

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: Neil T. Brown

☐ Member Address: 3340 Peachtree Road NE

☐ Authorized Suite 1800

Person Atlanta GA 30326

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Douglas Rutherford, CPA

☐ Member Address: 375 Rockbridge Rd NW

☒ Authorized Suite 172-114

Person Lilburn GA 30047

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_


Person \_\_\_\_\_

☐ 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

Neil T. Brown  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "ARCHCO OVIEDO PM LLC",  
FILED IN THIS OFFICE ON THE SIXTH DAY OF JULY, A.D. 2022, AT  
1:13 O`CLOCK P.M.



6897438 8100  
SR# 20222914944

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: 203851218  
Date: 07-06-22

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:13 PM 07/06/2022  
FILED 01:13 PM 07/06/2022  
SR 20222914944 - File Number 6897438

**STATE OF DELAWARE**

**LIMITED LIABILITY COMPANY**  
**CERTIFICATE OF FORMATION**  
**OF**  
**ARCHCO OVIEDO PM LLC**

The undersigned, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, 6 Del. § 18-101, *et seq.*, as amended and supplemented, hereby adopts the following Certificate of Formation:

**ARTICLE I**  
**NAME**

The name of the limited liability company (the "Company") is: ArchCo Oviedo PM LLC.

**ARTICLE II**  
**REGISTERED OFFICE AND REGISTERED AGENT**

The address, including street, number, city and county, of the Company's registered office in the State of Delaware is: 108 Lakeland Ave., Dover, Kent County, Delaware 19901. The name of the Company's registered agent at such address is: Capitol Services, Inc.

The undersigned hereby declares, under penalty of perjury, according to the laws of Delaware, that the foregoing is true and correct.

Dated: July 6, 2022

/s/ Mike Shomo  
Mike Shomo, Authorized Person