

MA2200001/19/13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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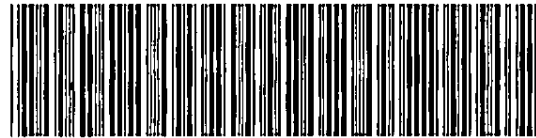
(Business Entity Name)

(Document Number)

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T. LEMIEUX
CLERK OF COURT
FLORIDA

T. LEMIEUX
AUG - 1 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ArchCo Oviedo Member 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 Member 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. 88-3301200
(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
(Street Address of Principal Office)

Atlanta GA 30326

6. 3340 Peachtree Road NE Ste 1800
(Mailing Address)

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)

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.

FILED
2012 JUL 25 PM 4:12
TALLAHASSEE, FLORIDA

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

Atlanta GA 30326

Person

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Douglas Rutherford, CPA

☐ Member Address: 375 Rockbridge Rd NW

☒ Authorized Suite 172-114

Lilburn GA 30047

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ 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 MEMBER
LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF JULY, A.D. 2022,
AT 12:59 O`CLOCK P.M.



6897425 8100
SR# 20222914846

You may verify this certificate online at 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: 203851169
Date: 07-06-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:59 PM 07/06/2022
FILED 12:59 PM 07/06/2022
SR 20222914846 - File Number 6897425

STATE OF DELAWARE

LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION
OF
ARCHCO OVIEDO MEMBER 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 Member 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