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	(Requestor's Name)
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PICK-UP	WAIT MAIL
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Special Instructions to	Siling Officer:
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Office Use Only



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S. FRANKLIN SFP 2 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 969682 8038825	
AUTHORIZATION: Spelle Kite.	
COST LIMIT : \$ 125.00	
ORDER DATE: September 22, 2022	
ORDER TIME: 8:50 AM	
ORDER NO. : 969682-030	7
	: :}
	<u></u> 
FOREIGN FILINGS	
NAME: VERM FW RESIDENTIAL HOME BUYER ORLANDO, 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: Eyliena Baker EXT#	

EXAMINER:

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Verm FW Residential Home Buyer Or	lando, LLC	
CODOCCII	Nar	ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	
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		25?2
		City/State and Zip Code	, C
	legal@progressresidential.com		2
	E-mail address: (to b	ne used for future annual report notification)	. い 
For further in	formation concerning this matter, please c	all:	: ا پ
Rot	oyn Moline	480 459-2446 at ()	2
	Name of Contact Person	Area Code Daytime Telephone Number	
	ling Address:	Street Address:	
•	gistration Section	Registration Section	
	rision of Corporations	Division of Corporations	
	D. Box 6327	The Centre of Tallahassee	
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	losed is a check for the following amount: se make check payable to: FLORIDA DE 125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee.	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(Name of Foreign Limit	me Buyer Orlando, LLC			
	ted Liability Company, must include "Limited	d Liabilit	y Company," "L. L. C.," or "LLC.")	
f name imavailable, enter alternate name a	adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited Liability Co	mpany," "L.L.C," or "LLC.")
Delaware		3	92-0349881	
(Jurisdiction under the law of which foreign limited hability company is organized)		J.	(FEI number, if appl	icable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registratio ine penalty	n } liability}	
Attn: Legal		6	Attn: Legal	
treet Address of Principal Office)		0.	(Mailing Address)	
7500 N. Dobson Rd., Su	ite 300		PO BOX 4090	
Scottsdale, AZ 85256			Scottsdale, AZ 85261	25725
Name and street address of	Florida registered agent: (P.O. Box	<u> 10% </u>	acceptable)	20
Co Name:	orporation Service Company			T: 42
Office Address:	201 Hays Street			<del>-</del>
Τε	allahassee		32301 , Florida	
	(City)		(Zip code)	

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: Title or Capacity: Name and Address: Name: Verm FW Intermediate, LLC Brian Buffington □Manager □ Manager Attn: Legal Attn: Legal **■**Member Address: □Member Address: 7500 N. Dobson Rd., Suite 300 7500 N. Dobson Rd., Suite 300 □ Authorized ■ Authorized Scottsdale, AZ 85256 Scottsdale, AZ 85256 Person Person □Other\_\_\_\_ □ Other Other □Other Name: \_\_\_\_\_ □Manager □Manager □Member □Member Address: \_\_\_\_\_\_ Address: □ Authorized ☐ Authorized Person Person □Other □Other Other □Other □Manager □Manager Name: \_\_\_\_\_\_ Name: □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person Other □Other □Other \_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Brian Buffington



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

DELAWARE, DO HEREBY CERTIFY "VERM FW RESIDENTIAL HOME BUYER

ORLANDO, 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 TWENTY-SECOND DAY OF

SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERM FW

RESIDENTIAL HOME BUYER ORLANDO, LLC" WAS FORMED ON THE SIXTH DAY OF

SEPTEMBER, A.D. 2022.

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

7022 23 F · J·



Authentication: 204461600

Date: 09-22-22

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