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S. FRANKLIN SFP 2 6 2022 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

XXXX QUALIFICATION (TYPE: LL)

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 Jac	eksonville, LLC	
	Nam	ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	
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	28
	legal@progressresidential.com		2072
	E-mail address: (to b	e used for future annual report notification)	0.3
For further in	nformation concerning this matter, please ca	ill:	23
Ro	byn Moline	480 459-2446 at ( )	(i)
	Name of Contact Person	Area Code Daytime Telephone Number	::
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327	Street Address: Registration Section Division of Corporations 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: ise make check payable to: FLORIDA DEI G125.00 Filing Fee S130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee,	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ALMITED LIABILITY COMPANY/TOTRANSACT RUSINESS IN THE STATE OF FLORIDA

include "Limited Liability Company," "L.L.C," or "LLC"  (FEI number, if applicable)
(FEI number, if applicable)
(FEI number, st applicable)
dress)
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AZ 85261
23
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- -
32301 ia
(Zip code)
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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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Verm FW Intermediate, LLC Name: Brian Buffington □Manager □Manager Address: \_\_\_ Address: \_\_\_\_ ■Member □Member 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: Name: □ Manager □Manager Address: ☐Member Address: □Member ☐ Authorized □ Authorized Person Person □Other ~? □Other □Other\_\_\_\_\_ □Other\_\_\_\_\_ Name: Name: □Manager □Manager Address: □Member Address: □Member □ Authorized ☐ Authorized Person Person Other\_\_\_\_ □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 signed

**Brian Buffington** 



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

DELAWARE, DO HEREBY CERTIFY "VERM FW RESIDENTIAL HOME BUYER

JACKSONVILLE, 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 JACKSONVILLE, 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.

225 123 F' 3: 10



Authentication: 204461607

Date: 09-22-22