

M22 0000 19057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

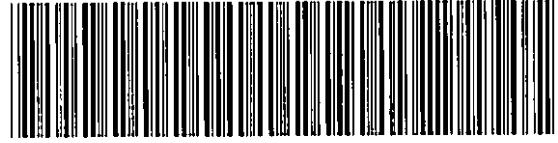
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAR 31 2023

Office Use Only



200404660452

SECRETARY OF  
TALLAHASSEE

2023 MAR 30 AM 11:03

1 3 20

SECRETARY OF  
TALLAHASSEE

2023 MAR 30 AM 11:34

RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 622187 5124005

AUTHORIZATION :

*Eyliena Baker*

COST LIMIT : \$ 25.00

-----  
ORDER DATE : March 29, 2023

ORDER TIME : 9:24 AM

ORDER NO. : 622187-005

CUSTOMER NO: 5124005  
-----

FOREIGN FILINGS

NAME: SOUTHGATE TOWERS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

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

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHGATE TOWERS, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOY FARMER

Name of Person

Firm/Company

4582 S ULSTER STREET SUITE 1700

Address

DENVER, CO 80237

City/State and Zip Code

JOY.FARMER@AIRCOMMUNITIES.COM

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

For further information concerning this matter, please call:

JOY FARMER

Name of Person

at ( 303 ) 793-8101

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:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy



7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

ADDING AUTHORIZED REPRESENTATIVE

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	TONY ORGAN	4582 S ULSTER ST SUITE 1700	<input checked="" type="checkbox"/> Add
		DENVER, CO 80237	<input type="checkbox"/> Remove
AR	KEN DIAMOND	4582 S ULSTER ST SUITE 1700	<input checked="" type="checkbox"/> Add
		DENVER, CO 80237	<input type="checkbox"/> Remove
AR	LISA COHN	4582 S ULSTER ST SUITE 1700	<input checked="" type="checkbox"/> Add
		DENVER, CO 80237	<input type="checkbox"/> Remove
AR	JOY FARMER	4582 S ULSTER ST SUITE 1700	<input checked="" type="checkbox"/> Add
		DENVER, CO 80237	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 Signature of the authorized representative

JOY FARMER

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**