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COVER LETTER

TO: Registration Section Division of Corporations

P. R.O. S. Corporate Housing, LLC Name of Limited Liability Company SUBJECT:

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:

Stephanie	Knighton Name of Person
P.R.O.S. Con	rporate Housing, LLC
11211 N. Tatum	Blud., Ste. 220 Address
Phoenix, Az City/	2 85028
<u> </u>	ed for future annual report notification)
For further information concerning this matter, please call:	רַיַּ
Stephanie Knighton Name of Contact Person	
<u>Mailing Address:</u> Registration Section Division of Corporations	<u>Street Address:</u> Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 \$\Box \$125.00 Filing Fee \$\Box \$130.00 Filing Fee & \$\Box \$155.00 Filing Fee & \$\Box \$160.00 Filing Fee, Certificate
\$\Box \$155.00 Filing Fee \$\Box \$155.00 Filin

Certificate of Status

Certified Copy

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. P.R.O.S. Corporate House (Name of Foreign Limited Liability Company; must include "Limited L	ing, LLC Liability Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid		"LLC," or "LLC.")
2. <u>Hrizona</u> (Jurisdiction under the law of which foreign limited liability company is organized)	3. 4(6 · 2928812 (FEI number, if applicable)	
4. 10/11/2021 Date first transacted business in Florids, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine)	istration.)	
	16-11-61	Taking Plus
5. 1211 N. Tatum Blvd. (Street Address of Principal Office)	6(Mailing Address)	Tatum Blud.
Suite 220	Suite 220	
Phoenix A2 85028	Phoenix AZ 85028	<u> </u>
7. Name and street address of Florida registered agent: (P.O. Box N	NOT_acceptable)	
Name: Registered Agent Soluti	ons, Inc.	י נ
Office Address: 155 Office Plaza Dr., S	Ste.A	
Tallahassee	, Florida <u>3230</u>	

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.

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Adam Saldana, Asst. Secretary

(Registered agent's signature)

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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:
🖹 Manager	Nicolette Donald	□Manager	Jessica Davila Name:
□Member	Address:	Member	Address:
Authorized	Suite 140		Suite 140
Person	Phoenix, AZ 85014	Person	Phoenix, AZ 85014
Other	Other	□Other	Other
□Manager	Stephanie Knighton	🗍 Manager	Name:
□Member	Address:	□Member	Address:
Authorized	Suite 140		<u></u>
Person	Phoenix, AZ 85014	Person	·
Other	Other	□Other	 □Other <u>></u>
			7
□Manager	Name:	□ Manager	Name:
□Member	Address:	□ Member	Address:
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. 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.

(M/ ODem	
Signature of an authorized person	

Stephanie Knighton

