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| | Division of | Corporations |
| | Fax Number | : (850)617-6383 |

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| | Account Name | : | GREENBERG TRAURIG | (ORLANDO) |
| | Account Number | : | 103731001374 | |
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(((H23000199507.3)))

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

IN COMPLIANCE WITH SECTION (05:002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Four Quarters Habitat Apartments Associates, LLC 1. _

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| name unavailable, enter alternate r | same adopted for the purpose of transieting business in F | forida. The afternate name use | t melode "Lunated | Liability Cor | ntany." "I. I. C | . ิ ด "เ.เ เ |
|-------------------------------------|--|---|-------------------|---------------------------------------|------------------|--------------|
| Delaware | | 2 | | | | |
| (Junsdiction under the law of w | hich foreign lumited liability company is organized) | 3 | TI, I our | nber, it appl. | cable) | |
| Upon qualification | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0204 & 605.0905, F.S. to determ | registration) ine penalty liability (| | <u></u> | | |
| rect Address of Principal Office) | | 6. (Manug A | liters) | | <u></u> | |
| 4582 S Ulster St., Su | ite 1700 | SAME | | | | |
| Denver, CO 80237 | | | | | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | <u>NOT</u> acceptable) | | \$ •_ | I ALL | 7023 JUN |
| Name: | Corporation Service Company | | | , , , , , , , , , , , , , , , , , , , | | H |
| Office Address: | 1201 Hays Street | | | | OF ST | PH 3: |
| | Tallahassee | , Flori | 32301 da | | ATE . | :: 10 |
| | (Cny) | | (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.

Corporation Service Company Charge Alexand Secretary By: (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 | Name: Maeril, Inc. | □Manager | Name: |
| □Member | Address: | ⊡Member | Address: |
| □Authorized | Suite 1700 | □Authorized | |
| Person | Denver, CO 80237 | Person | |
| □Other | Other | □Other | Other |
| □Manager | Name: | Manager | Name: |
| □Member | Address: | ⊡Member | Address: |
| □Authorized | | Authorized | |
| Person | | Person | |
| (]Other | Other | Other | ①Other |
| ⊡Manager | Name: | □Manager | Name: |
| □Member | Address: | 🗆 Membei | 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. 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, 1 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.

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| SV - | VW | - www. | NC. | | |

Signature of an authorized person

Danielle Liberman, Authonzed Representative

Typed or proited name of signee

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUR QUARTERS HABITAT APARTMENTS ASSOCIATES, 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 FIRST DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUR QUARTERS HABITAT APARTMENTS ASSOCIATES, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2023.

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

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Authentication: 203463688

Date: 06-01-23

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You may verify this certificate online at corp.delaware.gov/authver.shtml

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