

M230000011387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

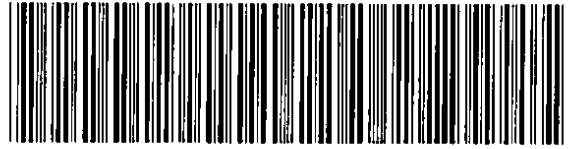
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP - 1 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 SEP - 1 AM 11:37
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 938925 8006967

AUTHORIZATION :

COST LIMIT : \$ 3,000.00

ORDER DATE : August 15, 2023

ORDER TIME : 9:59 AM

ORDER NO. : 938925-010

CUSTOMER NO: 8006967

*take Any
Fees Needed
Please!*

FOREIGN FILINGS

NAME: SUNDANCE VILLAGE APARTMENTS
LLC

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

**TO: Registration Section
Division of Corporations**

SUBJECT: Sundance Village Apartments LLC

Name of Limited Liability Company

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:

Tammi Warner

Name of Person

TruAmerica Multifamily

Firm/Company

10100 Santa Monica Blvd., Suite 400

Address

Los Angeles, CA 90067

City/State and Zip Code

twarner@truamerica.com

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

For further information concerning this matter, please call:

Tammi Warner

424

325-2750

Name of Contact Person

at (_____) _____

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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. Sundance Village Apartments LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 82-5302271
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/02/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10100 Santa Monica Blvd. 6. 10100 Santa Monica Blvd.
(Street Address of Principal Office) (Mailing Address)
Suite 400 Suite 400
Los Angeles, CA 90067 Los Angeles, CA 90067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(City) , Florida (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.

By: Eylima Bahar
Corporation Service Company Assistant Vice President
(Registered agent's signature)

FILED
2023 SEP - 1 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

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:**

☒ Manager Name: Robert E. Hart

☐ Member Address: 10100 Santa Monica Blvd.

☐ Authorized Suite 400

Person Los Angeles, CA 90067

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Mark Enfield

☐ Member Address: 10100 Santa Monica Blvd.

☐ Authorized Suite 400

Person Los Angeles, CA 90067

☐ Other _____ ☐ Other _____

☒ Manager Name: Timothy A. Siegman

☐ Member Address: 10100 Santa Monica Blvd.

☐ Authorized Suite 400

Person Los Angeles, CA 90067

☐ Other _____ ☐ Other _____

☒ Manager Name: Matt Ferrari

☐ Member Address: 10100 Santa Monica Blvd.

☐ Authorized Suite 400

Person Los Angeles, CA 90067

☐ Other _____ ☐ Other _____

☒ Manager Name: Tammi Warner

☐ Member Address: 10100 Santa Monica Blvd.

☐ Authorized Suite 400

Person Los Angeles, CA 90067

☐ Other _____ ☐ Other _____

☐ Manager Name: Ethan Pompey

☐ Member Address: 10100 Santa Monica Blvd.

☒ Authorized Suite 400

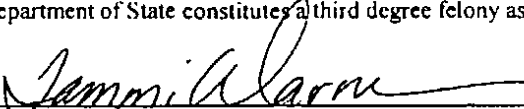
Person Los Angeles, CA 90067

☐ 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.



Signature of an authorized person

Tammi Warner

Typed or printed name of signer

Delaware

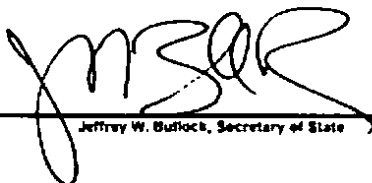
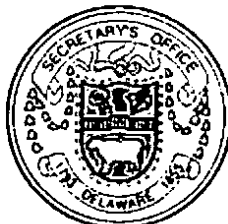
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNDANCE VILLAGE APARTMENTS, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNDANCE VILLAGE APARTMENTS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2018.

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



Jeffrey W. Bullock, Secretary of State

6848786 8300

SR# 20233389928

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

Authentication: 204074559

Date: 08-31-23