

M23 0000 13976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

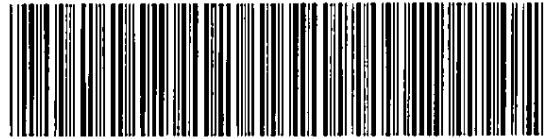
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2023 SEP 26 PM 6:48

FILED

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pike Affordable Housing Group, 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:

Patrick C. Crowell, Attorney
Name of Person
Patrick C. Crowell, P.A.
Firm/Company
3745 Lake Drawdy Drive
Address
Orlando, FL 32820
City/State and Zip Code
pcrowell@patrickcrowell.com
E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Michael Richtmyer	800	264-PIKE
Name of Contact Person	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. Pike Affordable Housing Group, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware 3. 93-3315279  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

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

5. One Circle Street 6. One Circle Street  
(Street Address of Principal Office) (Mailing Address)  
Rochester, NY 14607 Rochester, NY 14607

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (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.

Devin Randolph Devin Randolph Assistant Secretary  
(Registered agent's signature)

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CLERK OF DISTRICT COURT  
FLORIDA 13TH JUDICIAL CIRCUIT  
MIAMI

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Pike Construction Services, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Affordable Group Construction, L.</u>
<input checked="" type="checkbox"/> Member	Address: <u>One Circle Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o Smith &amp; Henry Advisory Gr</u>
<input type="checkbox"/> Authorized	<u>Rochester, NY 14607</u>	<input type="checkbox"/> Authorized	<u>1100 NW 4th Avenue</u>
Person	_____	Person	<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Thomas F. Judson, Jr.</u>	 <input type="checkbox"/> Manager	Name: <u>Dennis Robinson</u>
<input type="checkbox"/> Member	Address: <u>One Circle Street</u>	<input type="checkbox"/> Member	Address: <u>5850 T G Lee Boulevard, Ste. 1</u>
<input checked="" type="checkbox"/> Authorized	<u>Rochester, NY 14607</u>	<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32822</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Rufus <sup>M.</sup> Judson</u> <i>PCC</i>	 <input type="checkbox"/> Manager	Name: <u>Matthew Muldoon</u>
<input type="checkbox"/> Member	Address: <u>One Circle Street</u>	<input type="checkbox"/> Member	Address: <u>1100 NW 4th Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Rochester, NY 14607</u>	<input checked="" type="checkbox"/> Authorized	<u>Delray Beach, FL 33483</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Patrick C. Crowell, Attorney  
*Signature of an authorized person*

Patrick C. Crowell, Attorney

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 "PIKE AFFORDABLE HOUSING GROUP, 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 FIFTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIKE AFFORDABLE HOUSING GROUP, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2023.

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



7660338 8300

SR# 20233661446

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed in a small font.

Authentication: 204312770

Date: 10-05-23