M24000008881

(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:

Office Use Only



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2024 JUL 12 PM 6: 26

APPROVLU AND FILED

2024 JUL 12 AM II: 13

J9L 1 2 2924 K. Brumbley



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 07/12/24 Order #: 1553635-1

Re: Progress Residential PM Holdings, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

SUBJECT:	Progress Residential PM Holdings, LL	C
		ne of Limited Liability Company
The enclosed Existence, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return a	all correspondence concerning this matter	to the following:
	Robyn Moline	
		Name of Person
	Progress Residential, LLC	
		Firm/Company
	PO BOX 4090	
	- · · · · · · · · · · · · · · · · · · ·	Address
	Scottsdale, AZ 85256	
	(City/State and Zip Code
	legal@progressresidential.com	
	E-mail address: (to be	e used for future annual report notification)
For further info	ormation concerning this matter, please ca	II:
Robyn Moline		480 459-2446 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Regi. Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP 25.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited L	iability Company," "L. L.C," or "LLt	
Delaware		47-1283442		
. (Jurisdiction under the law of w	hich foreign limited hability company is organized)	3(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re-	pistration)		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine			
Attn: Legal		Attn: Legal 6. (Mailing Address)		
Street Address of Principal Office)		(Mailing Address)		
7500 N. Dobson Rd.	, Suite 300	PO BOX 4090		
Scottsdale, AZ 85256	6	Scottsdale, AZ 85261	2024 J	
. Name and street addres	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	FILE UL 12	
Name:	Corporation Service Company	· 	PM 6: 2	
Office Address:	1201 Hays Street			
	Tallahassee	32301 . Florida		
	(City)	(Zip code)		

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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: Name: Progress Residential, LLC Brian Buffington Name: □Manager □Manager Address: __ Attn: Legal ■Member Address: □Member 7500 N. Dobson Rd., Suite 300 7500 N. Dobson Rd., Suite 300 □Authorized Authorized Scottsdale, AZ 85256 Scottsdale, AZ 85256 Person Person □Other □Other □Other_____ □Other_____ □Manager Name: ______ □Manager □Member Address: Address: □ Member □ Authorized □Authorized Person Person Other □Other____ □Other Other____ □Manager Name: _____ □Manager □Member Address: ____ □Member Address: ____ □Authorized □ Authorized Person Person □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. 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

Typed or printed name of signee

CSC QUAL-39704

Brian Buffington

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROGRESS RESIDENTIAL PM HOLDINGS, 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 ELEVENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROGRESS

RESIDENTIAL PM HOLDINGS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF

MAY, A.D. 2014.

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

A YS OF THE PARTY OF THE PARTY

Authentication: 203904657

Date: 07-11-24

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