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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

*Enter: the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:		

Foreign Limited Liability Company MIDWEST MULTIFAMILY PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in FI	orida. The alt	emate name must include "Emitted Liability Co	empany," "LLC," or
Wyoming		, 9	3-3270047	
Ourisdiction under the law of v	which foreign limited liability company is organized)	ے، ۔	IFEI number, if app	icable)
	(Date first transacted business in Florida, if prior to (See sections 605/0904 & 605/0905, F.S. to determine	registration) ine penalty ha	bduy)	
7901 4th St N STE 30		, 7	901 4th St N STE 300	
el Address of Principal Office)		0	(Mailing Address)	
St. Petersburg FL 3370	02	S	l. Petersburg FL 33702	
	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acc	ceptable)	20
	ss of Florida registered agent: (P.O. Box Registered Agents Inc	NOT acc	ceptable)	2024 DEC -6
Name and <u>street addre</u>		NOT acc	ceptable)	
Name and <u>street addre</u> Name:	Registered Agents Inc	NOT acc	ceptable)	9

(Registered agent's signature)

1. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to ianage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: itle or Capacity: NAVILLI-BRYAN, AARON Name: **J**Manager Name: Address: 7901 4th St N STE 300 Zhlember □ Member Address: St. Petersburg FL 33702 JAuthorized □ Authorized Person Person Other_____ □Other____ □Other______ Other_____ Name: ∃Manager Name: ☐ Manager □Member Address: □ Member Address: [Authorized] Ti Authorized Person Person □Other Other____ Other____ □Other_____ Name: ∐Manager ∐Manager Address: Address: □ Member ☐ Member □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. 2. 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 Robin Jones

Exped or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

MIDWEST MULTIFAMILY PROPERTIES LLC

is a

Limited Liability Company

ormed or qualified under the laws of Wyoming did on **September 1, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001324412**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of December, 2024 at 4:54 PM. This certificate is assigned ID Number 078799036.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.