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D SCOTT MAY 3 0 2019

Correct



Division of Corporations

May 28, 2019

CT CORP

SUBJECT: SFR ORLANDO OWNER 1, L.P.

Ref. Number: W19000050881

We have received your document for SFR ORLANDO OWNER 1, L.P. and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 419A00010629

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 5/24/2019

D	ate:	5/24/2019	_ \	
		Acc#I20160000072	- 4:15W	
Name:	SFR ORL	ANDO OWNER 1, L.P.		
Document #:				
Order #:	11692192	34 36		
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amour	nt:\$ 1052.50		

Thank you!

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. SFR Orlando Owner I, L.P.			
(Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Lin	, Limited, L.P., LP, or Ltd.		
SFR Orlando Owner 1, Limited Partnership			
If name unavailable, name under which the limited partnersh business in Florida;	ip or limited liability limited partners must contain acceptable suffix.	ship proposes to re	gister to transact
2. Delaware	3. 05/14/2019		
State or Country of Formation	Date of For	mation	
4. Federal Employer Identification Number:			
5. Name of Registered Agent for Service of Process and Flo	orida Street Address:		
C T Corporation System	•		
1200 South Pine Island Road			
Plantation, Florida 33324			
6. I hereby accept the appointment as registered agent and ag of all statutes relative to the proper and complete performance my position as registered agent. C T Corporation Systems: Signature	nice of my duties, and I am familiar v	vith and accept the Ang	ith the provisions cobligations of cel Shearer ant Secretary
· ·	5		
7. Principal Office:	8. Mailing Address:		-17
591 West Putnam Avenue		THE RES	
Greenwich, CT 06830		2u 937 888	
9. If limited partnership is a limited liability limited partn	nership, check box .	03.7 FF	
10. Name, principal office address, and mailing address of	f each general partner:	<u>.</u> . u	
Name of General Partner: SFR Orlando Owner GP, L.L.C	C. Name of General Partner:		
Street Address: 591 West Putnam Avenue	Street Address:		
Street Address: 591 West Putnam Avenue Greenwich, CT 06830	Street Address:		
	Mailing Address:		
Greenwich, CT 06830	Mailing Address:		
Greenwich. CT 06830 Mailing Address:	Mailing Address: Name of General Partner: Street Address:		

Page 1 of 2 Name of General Partner:______ Name of General Partner:_____ Street Address: _____ Street Address: _____ Mailing Address: _____ Mailing Address: _____ 11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized. Signed this _____23rd ____ day of _____ May General Partner: SFR Orlando Owner GP, L.L.C. By: Nick Antonopoulos, Authorized Signatory The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SFR ORLANDO OWNER 1, L.P." 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 TWENTY-FOURTH DAY OF MAY, A.D. 2019.

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

298 MAY 24 A W 45

Authentication: 202894706

Date: 05-24-19

7419171 8300 SR# 20194515344