

Division of Corporations

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To: Division of Corporations
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From: Account Name : BROAD AND CASSEL (BOCA RATON)
 Account Number : 076376001555
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FILED
18 MAY 18 AM 11:55
TALLAHASSEE, FLORIDA

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

Email Address: Cora.DiFiore@encorefunds.com

Foreign Limited Liability Company
EHOF Acquisitions II, LLC

Certificate of Status	0
Certified Copy	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Fax Audit No. H18000154857 3

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. EHOE ACQUISITIONS II, 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," "LLC," or "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-5505913 (E.E.I. number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 602.0901 & 605.0905, F.S. to determine penalty liability.)

5. ONE TOWN CENTER ROAD (Street Address of Principal Office) SUITE 600 BOCA RATON, FL 33486

6. ONE TOWN CENTER ROAD (Mailing Address) SUITE 600 BOCA RATON, FL 33486

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

Name: CORA DIFIORE Office Address: ONE TOWN CENTER ROAD, SUITE 600 BOCA RATON, Florida 33486

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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: MANAGER, Encore Housing Opportunity Fund II General Partner, LLC, One Town Center Rd, Ste 600, Boca Raton, FL 33486.

(Use attachments if necessary)

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) John Christie (Typed or printed name of signer)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EHOF ACQUISITIONS II, 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 EIGHTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EHOF ACQUISITIONS II, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2015.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5783959 8300

SR# 20183974886

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

Authentication: 202722867

Date: 05-18-18