Division of Corporations



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (614)280-3338 Fax Number : (954)208-0845

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## Foreign Limited Liability Company Sand Lake Acquisition LLC

Certificate of Status	0
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JUL -8 2020

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M. SØŁDMON

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

	ited Liability Company, must include "Limited Liab eadopted for the purpose of transacting business in Florida	The alternate name must include "Umuted Liability Company," "L.L.C," or "L.L.	
name unavailable, enter alternate name	eadopted for the purpose of transacting business in Florida 1	The alternate name must include "Umuted Liability Company," "L.L.C," or "L.L.	
Delaware			
Delaware			
Delaware  Durisdiction under the law of which		37 4031003	
Durisdiction under the law of which		36-4871802 (FEI number, if applicable)	
	foreign limited liability company is organized)	(FEI number, if applicable)	
	Date for transported because in Plends of store to contact	ution )	
	(Date first transacted bissiness in Florida, if prior to registre (See sections 605 0904 & 605,0903, F.S. to determine pen	alty lazority)	
7 St. Thomas Street, Suite	: 801	7 St. Thomas Street, Suite 801	
reet Address of Principal Office)		6(Mailing Address)	
Toronto, Ontario M5S 2B	7	Toronto, Ontario M5S 2B7	
	<del></del>		
Name and street address of	of Florida registered agent: (P.O. Box NO	T acceptable)	
Ţ	C T Corporation System		
Name:			
Office Address: _	1200 South Pine Island Road	<del></del>	
F	Plantation	, Florida (Zipcode)	
_	(City)	(Zip code)	
egistered agent's acceptar	ice:		
		ess for the above stated limited liability company at the	
comply with the provision		istered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar	
	C T Corporation System Kevin Doher		
		fu Vice President	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Julie Burdick
□Member	Address: c/o Tricon Residential Inc.	□Member	Address: c/o Tricon Residential Inc
Authorized	7 St. Thomas Street, Suite 801	■ Authorized	7 St. Thomas Street, Suite 801
Person	Toronto, Ontario M5S 2B7	Person	Toronto, Ontario M5S 2B7
□Other	Other	☐ Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
☐Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□ Other
_]Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

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.

Signature of an authorized person	· · ·
David Veneziano, Vice President	
Transfer resistant name of signer	

Typed or primed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SAND LAKE ACQUISITION 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 TWENTY-THIRD DAY OF JUNE, A.D. 2020.

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

at corn delaware gov/aut

Authentication: 203159231

Date: 06-23-20