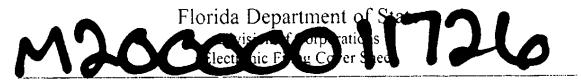
Page: 2 of 5

2020-12-17 13:09:26 CST

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From: Ranae McGraw

Division of Corporations



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

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Foreign Limited Liability Company Avenues Walk SFR Owner, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. HMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ame unavaitable, enter alternata na-	me adopted for the purpose of transacting business in Flor	ndu. I be	alternate nam	emina melude "l	annted Liability	Соприну," "Г	LC/°a∈1.	11,)
Delaware		.3						
(Jurisdiction under the law of who	on foreign limited liability company is organized)	٠,		(FII number, if	applicable)		
12/10/2020								
	(Date tred transacted business in Honda, it prior to re (See sections 605 0004 & 605 0005, F.S. to determin	e penalty) fiability)			-		
10100 Santa Monica Blvd., Suite 1000			10100 Santa Monica Blvd., Suite 1000					
cel Address of Principal Office;		6	Man	ng Addressi				•
Los Angeles, CA 90067		Los Ang	Los Angeles, CA 90067					
				<u> </u>				-
Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable	e)		TALL	202	
Name:	C T Corporation System						1828 OCT	
Office Address:	1200 South Pine Island Road		<u> </u>				7 AM	Ī
	Plantation			333 Florida	324	G. 1.	KH II: 2	(
	(City)			1/	ip codu,	7,77	rõ	

8. For initial indexing purposes, list names,	title or capacity and addresses of the primary members	ers/managers or persons authorized to
manage [up to six (6) total]:		

Title or Capacity:	Name and Address:	Title or Capacity	<u>':</u>	Name and Address:
□Manager	Name: Avenues Yvalk SER Investor Holdings, LLC	□ Manager	Name.	
⊠Member	Address:	_ Member	Address:	
□Authorized	10100 Santa Monica Blvd., Suite 1000	□Authorized		
Person	Los Angeles, CA 90067	Person		
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

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-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 \$ 817,155, F.S.

	Signature of an outhorized person	
Elizabeth Turk		
	Lyped or printed name of signice	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AVENUES WALK SFR OWNER, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204352756

Date: 12-17-20