

B130000000211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

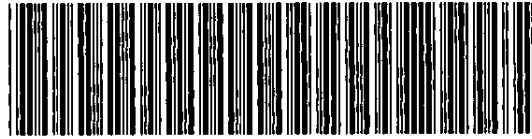
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUL 18 2013
D. BUTLER

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 7/17/13

NAME: TRINSIC RESIDENTIAL GROUP LP

TYPE OF FILING: APPLICATION

COST: 1,052.50 - Check attached

RETURN: CERTIFIED COPY PLEASE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinsic Residential Group LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Capitol Services - Corporate Filings Team
Contact Person

Capitol Services, Inc.
Firm/Company

800 Brazos, Suite 400
Address

Austin, TX 78701
City, State and Zip Code

KAllen@trinsicres.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micah Caudle at (800) 345-4647
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS

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

1. Trinsic Residential Group LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. October 24, 2011

Date of Formation

4. Federal Employer Identification Number: 45-3641959

5. Name of Registered Agent for Service of Process and Florida Street Address:

Capitol Corporate Services, Inc.

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. 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.

Gayle Windle

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Signature of Registered Agent

7. Principal Office:

3100 Monticello Ave., Suite 900

Dallas, TX 75205

8. Mailing Address:

3100 Monticello Ave., Suite 900

Dallas, TX 75205

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Trinsic Residential Group GP LLC

Name of General Partner: _____

Street Address: 3100 Monticello Ave., Suite 900

Street Address: _____

Dallas, TX 75205

Mailing Address: 3100 Monticello Ave., Suite 900

Mailing Address: _____

Dallas, TX 75205

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

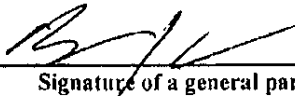
Street Address: _____ Street Address: _____

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 8th day of July, 2013.



Signature of a general partner

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

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRINSIC RESIDENTIAL GROUP LP" 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 ELEVENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRINSIC RESIDENTIAL GROUP LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2011.

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

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SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE
DELAWARE



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0579368

DATE: 07-11-13