B|8000000011

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000306462100



O SEGVONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

• •

ACCOUNT NO. : 12000000195

REFERENCE : 021761 4302216

AUTHORIZATION

COST LIMIT

ORDER DATE: January 16, 2018

ORDER TIME : 3:44 PM

ORDER NO. : 021761-020

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: 2018-1 IH BORROWER LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2018-1 HI Borrower LP	
Name of Foreign Limited Par	rtnership or Limited Liability Limited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this management of the status and partnership to transact business and partnership to the	fees are submitted to register a foreign limited partnership or limited liability limited natter to:
Amy Oster	
Contact Person	
Simpson Thacher & Bartlett LLP	
Firm/Company	
425 Lexington Ave.	
Address	
New York, NY 10017	
City, State and Zip Code	
amy.oster@stblaw.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, ple	ease call:
Amy Oster	at (212) 455-2324
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status	ees S1,052.50 Filing Fees S1,061.25 Filing Fee, and Certified Copy 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

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

TO TRANSACT BUSINESS IN FLORIDA 2018-1 IH Borrower 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 Date of Formation State or Country of Formation 4. Federal Employer Identification Number 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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. Corporation-Service Company Roxanne Turner Asst. Vice President Signature of Registered Agent 8. Mailing Address: 7. Principal Office: c/o Invitation Homes c/o Invitation Homes 1717 Main Street, Suite 2000 1717 Main Street, Suite 2000 Dallas, TX 75201 Dallas, TX 75201 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: 2018-1 IH Borrower GP LLC Name of General Partner:_____ 1717 Main Street, Suite 2000 Street Address: Street Address: Dallas, TX 75201 1717 Main Street, Suite 2000 Mailing Address: Mailing Address:

Page 1 of 2

Mailing Address: Mailing Address:

Name of General Partner: Name of General Partner:

Street Address:

Dallas, TX 75201

Street 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 Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed as the ecords.	````
12. Attached is a certificate of existence duly authenticate Florida Department of State, by the Secretary of State or the law of which it is organized. Signed this fourth day of January		ler 25
	By: Jonathan Olsen Managing Director and Seni President of 2018-1 II-I Borr L.I.C. its general partner	ior Vice rower GF

The individual signing this document affirms 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

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2018-1 IH BORROWER 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 SIXTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2018-1 IH BORROWER LP" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 201974596

Date: 01-16-18

6667611 8300 SR# 20180272578