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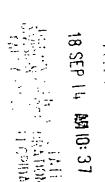
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PICK-UP WAIT MAIL								
(Business Entity Name)								
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Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								
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O SIMMONS SEP 1 7 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 386373 7906691

AUTHORIZATION :

COST LIMIT : \$ 1052.50

ORDER DATE: September 13, 2018

ORDER TIME : 9:33 AM

ORDER NO. : 386373-025

CUSTOMER NO: 7906691

FOREIGN FILINGS

NAME: 2018-4 IH BORROWER LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corpora								
SUBJE	CT: 2018-4 [H I	Воггожет ЦР							
CODOD		Name of Foreign Limited Partnership or Limited Liability Limited Partnership							
partners	thip to transact busine	nificate of status and fe ess in Florida. noe concerning this ma			i to register	a foreign limited partnership	or limited liability limited		
		Anitra Fludd							
		Contact Person							
	In	vitation Homes							
	F	irm/Company							
	1717 Ma	ain Street, Suite 2000							
		Address			_				
	Dal	llas, Texas 75201							
	City, S	State and Zip Code							
	anitra,fludd	@invitationhomes.com)						
E-mail	address: (to be used	for future annual repor	noti	(ication)					
For furth	ner information conce	rning this matter, pleas	e cai	1:					
	Anitra Fludd		at (972)	421-3600			
	Name of Contact Pe	rson	_=, (Area Cod	e and Dayti	mc Telephone Number			
Enclosed	d is a check for the fo	llowing amount:							
(\$96:	00.00 Filing Fees 5 Filing Fee and Registered Agent	\$1,008.75 Filing Fees and Certificate of Status		\$1,052.50 and Certif		S1,061.25 Filing Fee, Certified Copy, and Certificate of Status			
Registral Division Clifton E 2661 Exc	T ADDRESS: tion Section of Corporations Building ecutive Center Circle see, FL 32301		Reg Div P. C	AILING A gistration S vision of Co D. Box 632 lahassec, F	ection orporations 7				

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

2018-4 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 LILP. 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. 09/10/2018 Delaware State or Country of Formation Date 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 Tollahassec, 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 occept the obligations of my position as registered agent. Corporation Service Company Signature of Registered Agent 7. Principal Office: 8. Mailing Address: c/o Invitation Homes c/o Invitation Homes 1717 Main Street, Suite 2000 1717 Main Street, Suite 2000 Dallas, Texas 75201 Dallas, Texas 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: 2018-4 IH Borrower GP LLC Name of General Partners Name of General Partner. 1717 Main Street, Suite 2000 Street Address: _ Street Address: Dallas, Texas 75201 1717 Main Street, Suite 2000 Mailing Address: ____ Mailing Address:__ Dallas, Texas 75201 Name of General Partner:_______Name of General Partner ______ Street Address: Mailing Address: ______ Mailing Address: _____

Name of Gener	al Partner:		Name of General Partner			
Street Address:			Street Address:	,		
Mailing Addres	ss:		Mailing Address:			
				 		
Effective date cam Note: If the date in document's effective 12. Attached is a ce	serted in this block does not in we date on the Department of S intificate of existence duly auth of State, by the Secretary of S	90 days after the da neet the applicable s state's records. neaticated, not more	te this document is statutory filing requ	is filed by the Florida Department of State.) uirements, this date will not be listed as the or to the delivery of this application to the of the entity's records in the jurisdiction under		
Signed this13th	day of Sept	ember	20			
	<u>x</u>	Signature of a) general partner			
				e individual is aware that false information provided for in s.817.155, F.S.		
C	iling Pees: ertified Copy (optional): ertificate of Status (optional	\$52.5	0	Fee and \$35 Registered Agent Fee)		

Page 2 of 2

C)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2018-4 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2018-4 IH BORROWER LP" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 203414992

Date: 09-13-18

7050813 8300

5R# 20186640489