Division of Corporations

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(((H200004200593)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CCRPORATION SYSTEM Account Number : FCA000000023

: (614)280-3338 : (954)208-0845

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

Email Address:

FLORIDA/FOREIGNLP/LLLP SFR XII Tampa Owner 4, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

M. SCLOMON

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Help

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From: Ranae McGraw

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA SFR XII Tañipa Owner 4; L.P. (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. n/a 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.^{DE} Date of Formation State or Country of Formation 4. Federal Employer Identification Number. n/a 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 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 C T Corporation System my position as registered agent. Andille He Meredith Hellwig, Assistant Secretary Signature of Registered Agent 8. Mailing Address: 7. Principal Office: 591 West Putnam Avenue 591 West Putnam Avenue Greenwich CT 06830 Greenwich CT 06830 9. If limited partnership is a limited liability limited partnership, check box 10. Name, principal office address, and mailing address of each general partner: SFR XII Tampa Owner GP, L.L.C. Name of General Partner: Name of General Partner: 591 West Putnam Avenue Street Address: Street Address: Greenwich CT 06830 591 West Putnam Avenue Mailing Address:___ Greenwich CT 06830 Name of General Partner:______ Name of General Partner:______

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Mailing Address:

Street Address:

Street Address:

Mailing Address:___

Name of General Partner:	
Street Address;	
Mailing Address:	
n 90 days after the date this document is filed by the Florida Department of Stat meet the applicable statutory filing requirements, this date will not be listed as	<i>e.)</i> the
athenticated, not more than 90 days prior to the delivery of this application to the f State or other official having custody of the entity's records in the jurisdiction	e under
Signature of a general partner	
fi <i>a</i> o o	Street Address: Mailing Addre

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 Page: 4 of 5

\$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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From: Ranae McGraw



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SFR XII TAMPA OWNER 4, L.P." 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 EIGHTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204262781

Date: 12-08-20