Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004200083)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (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 Orlando Owner 3, L.P.

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

GEC -9 2020

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

Please file after cover sheet H20000419988 3

From: Ranae McGraw

Page: 3 of 5

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

| L SFR XIJi-Orlando C | Owner 3, L.P. | <u> </u> | <u>>_</u> 4 |
|---|---|---|-------------------------------------|
| (Name of Li | imited Partnership or Limited Lial Partnership suffixes: Limited Partner | bility Limited Partnership, which must include suffix ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LL. | |
| n√a | | | |
| If name unavailable | name under which the limited partn business in Flor | tership or limited liability limited partnership proposes tida; must contain acceptable suffix. | o register to transact |
| 2.DE | | 3,12/4/2020 | |
| | ate or Country of Formation | Date of Formation | |
| 4. Federal Employe | r Identification Number | | |
| 5. Name of Register | ed Agent for Service of Process an | d Florida Street Address: | |
| C T Corporation Sys | tem | | |
| 1200 South Pine Isla | nd Road | • | |
| Plantation, Florida 3. | 3324 | | |
| my position as reg | eistered agent. By: CTC | Corporation System Intelliging Assistant Secretary Ture of Registered Agent On Manager Control of the Control | felling |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 8. Mailing Address: | |
| 591 West Putnam Avenue 591 | | 591 West Putnam Avenue | |
| Greenwich CT 06830 Green | | Greenwich CT 06830 | <u></u> |
| | | | , , , , , , , , , , , , , , , , , , |
| 9. If limited partne | rship is a limited liability limited p | partnership, check box. | 7.20 DEC |
| 10. Name, principa | al office address, and mailing addre | ess of each general partner: | |
| Name of Genera | I Partner: SFR XII Orlando Owner G | P, L.L.C. Name of General Partner: | |
| Street Address: | EOL West Districts America | Street Address: | |
| | Greenwich CT 06830 | | |
| Mailing Address: 591 West Putnam Avenue | | Mailing Address: | |
| | Greenwich CT 06830 | | |
| Name of Genera | I Partner: | Name of General Partner: | |
| Street Address: | | Street Address: | |
| | | | |
| Mailing Address | s: | Mailing Address: | - |
| | | Page 1 of 2 | |

Name of General Partner:______ Name of General Partner:_____ Street Address: Street Address: Mailing Address: _____ Mailing Address: _____

2020-12-08 17:38:48 CST

11. Effective date, if other than the date of filing upon 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Signature of a general partner

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

From: Range McGraw

c: 18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SFR XII ORLANDO OWNER 3, 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: 204262786

Date: 12-08-20