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	APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA	•,
L FKH SFR PROPCO D, L.P.	۲ <b>۳</b>	

(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-

2 DELAWARE		3 02/04/2020	
State or Country of Formation 4. Federal Employer Identification Number. <u>82-4218874</u>		Date of Format	ion
	ed Agent for Service of Process and F	lorida Street Address:	
C T Corporation Sys	tem		
1200 South Pine Isla	und Road		
Plantation, Florida 3	3324		
<ol> <li>I hereby accept th of all statutes rela- my position as reg</li> </ol>	tive to the proper and complete perform istered agent. By: CTCou	agree to act in this capacity. I further agr sance of my duties, and I am familiar with poration System	ee to comply with the provisions and accept the obligations of Kimberly Laughrey Asst. Secretary
7. Principal Office:		8. Mailing Address:	
c/o FirstKey Homes, LLC		e/o FirstKey Homes, LLC	
1850 Parkway Place, Suite 900		1850 Parkway Place, Suite 900	
Marietta, GA 30067		Marietta, GA 30057	Å.
9. If limited partne	rship is a limited liability limited part	mership, check box	24
10 Name, principa	l office address, and mailing address (	of each general partner:	
Name of Genera	CERBERUS SER HOLDING	SIII (iP Name of General Partner	
Street Address	875 THIRD AVENUE 10FI	Street Address	;
Street Address	NEW YORK, NY 10022	Street Address	.,
Mailing Address	·	Maiting Address	
Name of Genera	Partner	Name of General Paraner.	
Street Address.		Street Address.	
Mailing Address	·	Mailing Address:	

Name of General Partner	Name of General Partner:
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.) 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 27th	day of	,20
	mari	Toreno
		101-Com

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 \$817,155, F.S.

Filing Fees: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52,50 \$8,75

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The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FKH SFR PROPCO D, 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2021.

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



of State Juliney W. Quilleck, Secretary

Authentication: 202393958 Date: 01-28-21

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SR# 20210258936 You may verify this certificate online at corp.delaware.gov/authver.shtml