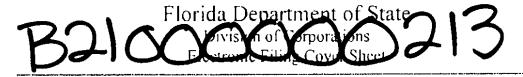
From: Ranae McGra-

5/18/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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.

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FLORIDA/FOREIGN LP/LLLP SOF-XII 892 Non-REIT MAR II, L.P

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Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

Electronic Filing Menu — Corporate Filing Menu

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N 1 9 202:

From; Ranae McGra

Page: 3 of 5

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

(Name of L Acceptable Limited I	Partnership suffixes: Limited Partnership	y Limited Partnership, which must include suffix) o, Limited, L.P., LP. or Ltd mited Liability Limited Partnership, L.L.L.P. or LLLP.	-
If name unavailable		rip or limited liability limited partnership proposes to remust contain acceptable suffix.	- egister to transact
2. Delaware		3.4/30/2021	
St	ate or Country of Formation r Identification Number: 86-3602651	Date of Formation	-
	ed Agent for Service of Process and Flo	orida Street Address:	
C T Corporation Sys	stem		
1200 South Pine Isla	and Road		
Plantation, Florida 3	3324		
of all statues rela my position as reg 7. Principal Office:	ntive to the proper and complete performa histored agent. By: CT Corp Meredith H	gree to act in this capacity. I further agree to comply ance of my duties, and I am familiar with and accept the coration System ellwig, Assistant Secretary and Hele of Registered Agent 8. Mailing Address:	ne obligations of
1601 Washington Avenue, Suite 800 1601		1601 Washington Avenue, Suite 800	_
Miami Beach, FL 3	33139	Miami Beach, FL 33139	22
Name, principal Name of General Street Address: Mailing Address Name of General	Miami Beach, FL 33139 1601 Washington Avenue, Suite 800 1601 Washington Avenue, Suite 800 Miami Beach, FL 33139	Name of General Partner: Street Address:	
Mailing Address	s:	Mailing Address:	

To: 18506176383.

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):

58.75

Page 2 of 2



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOF-XII 892 NON-REIT MAR II, 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 EIGHTEENTH DAY OF MAY, A.D. 2021.

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

Authentication: 203227137

Date: 05-18-21