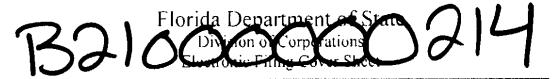
From: Ranae McGra

Division of Corporations 5/18/2021



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.

(((H210001987153)))



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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/FOREIGN LP/LLLP

## SOF-XII Non-U.S. Non-REIT Feeder AIV, L.P.

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

Electronic Filing Menu Corporate Filing Menu

Help

From: Ranae McGra

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

2021-05-18 10:05:38 CST

1	Non-REIT Feeder AIV, L.P.			-	
Acceptable Limited Par	rtnership suffixes: Limited Partnersi	hip, Lin	nited Partnership, which must include suffix) Ited, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L.P. or LLLP.		
If name unavailable, n			limited liability limited partnership proposes to r contain acceptable suffix.	egister to transact	
<sub>2</sub> Delaware			3.4/30/2021		
	e or Country of Formation		Date of Formation	-	
4. Federal Employer (	dentification Number:86-360265	1			
	Agent for Service of Process and		Street Address:		
C T Corporation Syste	m				
1200 South Pine Island	i Road				
Plantation, Florida 333	324				
of all statutes retain my position as regist	dered agent.  By: CTCo Meredit	rporati h Hell	of my duties, and I am familiar with and accept the on System wig. Assistant Secretary Muddle or		
•		failing Address:			
1601 Washington Avenue, Suite 800 1601		1 Washington Avenue, Suite 800	-		
Miami Beach, FL 33139 Miam		mi Beach, FL 33139	- COM		
				May May	
9. If limited partners	hip is a limited liability limited par	rtnersh	p, check box.		,   
10. Name, principal o	office address, and mailing address	of eac	n general partner:		: نځ:
Name of General F	SOF-XII Investors GP, L.L	.C,	Name of General Partner:	<u> </u>	
	601 Washington Avenue, Suite 8	00	Street Address:	- <u>-</u>	
-	Miami Beach, FL 33139			<u></u>	_
Mailing Address: 1601 Washington Avenue, Suite 8		00	Mailing Address:		
	Miami Beach, FL 33139				_
Name of General Partner:		Name of General Partner:			
Street Address:		Street Address:		_	
					_

Page: 4 of 5

Name of General Partn	ner:	Name of General Partner:	<u>-</u> -
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted is	r than the date of filing:	r the date this document is filed by th licable statutory filing requirements, t ds.	e Florida Department of State.) this date will not be listed as the
	e, by the Secretary of State or other	not more than 90 days prior to the del or official having custody of the entity	
Signed this	day of	,20	
	<u></u>		_
	Signat	ure 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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOF-XII NON-U.S. NON-REIT FEEDER AIV,

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: 203227136

Date: 05-18-21