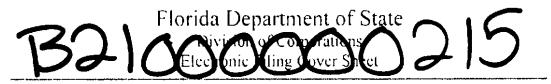
5/18/2021

Division of Corporations



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

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Help

From: Ranae McGri

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

2021-05-18 10:01.42 CST

i	-REIT MAR I, L.P.		
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		ip or limited liability limited partnership proposes to r must contain acceptable suffix.	egister to transact
<sub>2</sub> Delaware	•	<sub>3.</sub> 4/30/2021	_
	ate or Country of Formation	Date of Formation	
4. Federal Employe	r Identification Number. 86-3602651		
	ed Agent for Service of Process and Flo	orida Street Address:	
C T Corporation Sys	tem		
1200 South Pine Isla	nd Road		
Plantation, Florida 3	3324		
my position as reg	istered agent.  By: CT Corp  Meredith He	orace of my duties, and I am familiar with and accept the oration System ellwig, Assistant Secretary of Registered Agent	_
•		8. Mailing Address:	
1601 Washington	Avenue Suite RAA	-	
1601 Washington		1601 Washington Avenue, Suite 800	_
Mlami Beach, FL 3		-	- 63
		1601 Washington Avenue, Suite 800	- 22 22 7
Mlami Beach, FL 3		1601 Washington Avenue, Suite 800 Miaml Beach, FL 33139	2227 MAY
Mlami Beach, FL 3	3139	Miaml Beach, FL 33139	2821 MAY 18
Mlami Beach, FL 3	rship is a limited liability limited partal office address, and mailing address of SOF-XII Investors GP. L.L.C.	Miami Beach, FL 33139  —————————————————————————————————	
9. If limited partne	rship is a limited liability limited partal office address, and mailing address of SOF-XII Investors GP. L.L.C.	1601 Washington Avenue, Suite 800  Miami Beach, FL 33139	A 80 18 A) 8:
9. If limited partne 10. Name, principal	rship is a limited liability limited partn l office address, and mailing address o SOF-XII Investors GP, L.L.C	1601 Washington Avenue, Suite 800  Miami Beach, FL 33139  fership, check box.   feach general partner:  Name of General Partner:	A.80
9. If limited partne 10. Name, principa Name of Genera Street Address:	rship is a limited liability limited partners of SOF-XII Investors GP, L.L.C 1601 Washington Avenue, Suite 800 Miami Beach, FL 33139	Miami Beach, FL 33139  Mership, check box.   f each general partner:  Name of General Partner:  Street Address:	18 M 8: 23
9. If limited partne 10. Name, principal	rship is a limited liability limited partners of SOF-XII Investors GP, L.L.C 1601 Washington Avenue, Suite 800 Miami Beach, FL 33139	Miami Beach, FL 33139  Mership, check box.   Peach general partner:  Name of General Partner:  Street Address:  Mailing Address:	18 M 8: 23
9. If limited partners 10. Name, principal Name of General Street Address:	rship is a limited liability limited partners of SOF-XII Investors GP, L.L.C 1601 Washington Avenue, Suite 800 Miami Beach, FL 33139  1601 Washington Avenue, Suite 800 Miami Beach, FL 33139	Miaml Beach, FL 33139  mership, check box.   f each general partner:  Name of General Partner:  Street Address:  Mailing Address:	18 M 8: 23
9. If limited partners 10. Name, principal Name of General Street Address:  Mailing Address Name of General	rship is a limited liability limited partners of SOF-XII Investors GP, L.L.C 1601 Washington Avenue, Suite 800 Miami Beach, FL 33139  1601 Washington Avenue, Suite 800 Miami Beach, FL 33139	Miami Beach, FL 33139  Mership, check box.   Peach general partner:  Name of General Partner:  Mailing Address:  Name of General Partner:	18 M 8: 23
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Name of General Partner;		Name of General Partner:	<del></del>
Street Address:	<u> </u>	Street Address:	<u> </u>
Mailing Address:		Mailing Address:	
Note: If the date inserted in th	nan the date of filing:	the date this document is filed by the Ficable statutory filing requirements, this is.	forida Department of State.) date will not be listed as the
12. Attached is a certificate of Florida Department of State, the law of which it is organize	by the Secretary of State or othe	ot more than 90 days prior to the deliver r official having custody of the entity's r	y of this application to the records in the jurisdiction under
Signed this 14th	day of May	,20 21	
		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.

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOF-XII 892 NON-REIT MAR I, 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.

a at corn delaware gov/authyer

Authentication: 203227141

Date: 05-18-21