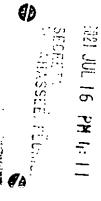
1321000000301

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800368683078



2021 JUL 16 MI 7:2

1 1 797

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 909289 7814304 AUTHORIZATION : COST LIMIT : \$ 1000.00 ORDER DATE : July 16, 2021 ORDER TIME : 2:54 PM ORDER NO. : 909289-010 CUSTOMER NO: 7814304 FOREIGN FILINGS NAME: CH REALTY IX/R CORAL SPRINGS TURTLE CROSSING, L.P. XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CH Realty IX/R Coral Spri	ngs Turtle Cr	ossing, L.P	
	ited Partnersh	ip or Limite	d Liability Limited Partnership
The enclosed application, certificate of sta partnership to transact business in Florida. Please return all correspondence concerning			to register a foreign limited partnership or limited liability limited
Denise Cottle			
Contact Perso	n		_
Crow Holdings Capital Partners, L.L.C			
Firm/Compan	y		_
3819 Maple Avenue			
Address		•	_
Dallas, Texas 75219			
City, State and Zip	Code		_
dcottle@crowholdings.com			
E-mail address: (to be used for future an	nual report no	tification)	_
For further information concerning this ma	itter, please ca	11:	
David Crites	at	214	. 661-8228
Name of Contact Person	aı	·	and Daytime Telephone Number
Enclosed is a check for the following amor	unt:		
□\$1,000.00 Filing Fee □\$1,008.75 Fi (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1.008.75 Fi and Certific Status		\$1.052.50 Fi and Certific	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

CH Realty IX/R Coral Springs Turtle Crossing, L.P. (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; must contain acceptable suffix. 3, 07/12/2021 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 3819 Maple Ave. 3819 Maple Ave. Dallas, TX 75219 Dallas, TX 75219 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: CH Realty IX/R Coral Springs Turtle Crossing GP, L.L.C. Name of General Partner:_______Name of General Partner:______ 3819 Maple Ave. Street Address: Street Address: Dallas, TX 75219 Mailing Address:____ 3819 Maple Ave. ____ Mailing Address:_____ Dallas, TX 75219 Name of General Partner:_______ Name of General Partner:_____ ______Street Address: _ Street Address: Mailing Address: _____ Mailing Address: _____

Page I of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
(Effective date cannot be prior to	e date of filing: or more than 90 days after the date this document is filed by the Florida Department of State.) ok does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
	ence duly authenticated, not more than 90 days prior to the delivery of this application to the Secretary of State or other official having custody of the entity's records in the jurisdiction under
Signed this	day of
	Topque Heid Ducht 14
	Signature of a general partner see name, title and capacity below

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

Tiffani A. Heidebrecht, Vice President of Fund IX Managers, L.L.C., manager of CH Realty IX/R Coral Springs Turtle Crossing GP, L.L.C., general partner of CH Realty IX/R Coral Springs Turtle Crossing, L.P.



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

DELAWARE, DO HEREBY CERTIFY "CH REALTY IX/R CORAL SPRINGS TURTLE

CROSSING, 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 SIXTEENTH DAY OF

JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH REALTY IX/R CORAL SPRINGS TURTLE CROSSING, L.P." WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2021.

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

Authentication: 203693529

Date: 07-16-21