

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.

(((H210004077253)))



H210004077253ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | Division of Corporations | | | |
|-------|--------------------------|--------------------------|--|--|
| | Fax Number | : (850)617-6383 | | |
| From: | | | | |
| | Account Name | : C T CORPORATION SYSTEM | | |
| | Account Number | : FCA00000023 | | |
| | 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:_

 80
 FLORIDA/FOREIGN LP/LLLP

 FKII SFR PropCo I, L.P.

 V
 Certificate of Status

 0

 Certified Copy

 1

 Page Count

 04

 Estimated Charge

 S1,052.50

Electronic Filing Menu Corporate Filing Menu

HelpS. ROBERTS

NOV 03 2021

2021-11-03 08:30:08 CST

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

E FKH SFR PROPCO I, 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.

| , DELAWARE | | 3 05/27/2021 |
|--------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Su Su | ate or Country of Formation | Date of Formation |
| 4. Federal Employe | r Identification Number 82-4218874 | |
| | ed Agent for Service of Process and F | lorida Street Address: |
| C T Corporation Sys | item | |
| 1200 South Pine Isla | nd Road | |
| Plantation, Florida 3 | 3324 | |
| 6. Thereby accept th of all statutes rela my position as reg | itive to the proper and complete perform istered agent. By: C T Cor | agree to act in this capacity. I further agree to comply with the provisions nance of my duties, and I am familiar with and accept the obligations of poration System - by Kaity Toon, Asst. Secretary |
| | Signatur | e of Registered Agent |
| 7. Principal Office: | | 8. Mailing Address: |
| C/O FIRSTKEY HOMES, LLC | | C/O FIRSTKEY HOMES, LLC |
| 1850 PARKWAY PLACE, SUITE 900 | | 1850 PARKWAY PLACE, SUITE 900 |
| MARIETTA, GA 30067 | | MARIETTA, GA 30067 |
| 9. If limited partne | rship is a limited liability limited part | nership, check box. |
| 10. Name, principa | l office address, and mailing address (| of each general partner: |
| Name of Genera | Partner:CERBERUS SFR HOLDINGS III (| GP. LLCName of General Partner: |
| Street Address: | 875 THIRD AVE, 10FL | Street Address: |
| Sheet Address | NEW YORK, NEW YORK 10022 | |
| Mailing Address | · · · · · · · · · · · · · · · · · · · | Mailing Address: |
| Name of Genera | i Partner: | Name of General Partner: |
| Street Address: | | Street Address: |
| Mailing Address | | Mailing Address: |

Page 1 of 2

.

| Name of General Partner: | Name of General Partner: | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Street Address: | Street Address: | | | |
| 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 de Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | ate this document is filed by the Florida Department of State.) | | | |
| 12. Attached is a certificate of existence duly authenticated, not mor Florida Department of State, by the Secretary of State or other offici the law of which it is organized. | e than 90 days prior to the delivery of this application to the ial having custody of the entity's records in the jurisdiction under | | | |
| Signed this day of | 20 | | | |
| \mathcal{M}_{c} | w Toscan | | | |
| 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 s.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

Page 2 of 2

Page 1

Delaware

The First State

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

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



And Surfaces, Bercentary of Elsin

Authentication: 204548621

Date: 10-29-21

5951528 8300

SR# 20213652576 You may verify this certificate online at corp.delaware.gov/authver.shtml