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(((H210004598473)))



H210004598473ABC7

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To:

Division of Corporations

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: (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.\*\*

DEC 17 PM 3: 46

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## FLORIDA/FOREIGN LP/LLLP TBR SFR Orlando Owner 2, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

## FILE SECOND

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Corporate Filing Menu

Help

S. HAWKES

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

From; Kaity i

TBR SFR Orlando Owner 2, 1, P.		
(Name of Limited Partnership or Limited Liability Lin Acceptable Limited Partnership suffixes: Limited Partnership, Lim Acceptable Limited Liability Limited Partnership suffixes: Limited	ited, L.P., LP, or Ltd.	
If name unavailable, name under which the limited partnership or business in Florida; must		
<sub>2</sub> Delaware	3 12/13/2021	
State or Country of Formation  4. Federal Employer Identification Number: N/A	Date of Formation	
	Samuel Additions.	
<ol> <li>Name of Registered Agent for Service of Process and Florida C T Corporation System</li> </ol>	Street Address:	
C i Corporation system		
1200 South Pine Island Road		
Plantation, Florida 33324		
my position as registered agent.  By: Kathenne Schneider, As	of my duties, and I am familiar with and accept the obligations of	
	-	
•	8 Mailing Address:	
591 West Puntan Avenue 591	West Putnam Avenue	
Greenwich, CT 06830 Gree	Greenwich, CT 06830	
9. If limited partnership is a limited liability limited partnershi	p, check box	
10 Name, principal office address, and mailing address of each		
Name of General Partner: TBR SFR Orlando Owner GP, L.L. C	Name of General Partner.	
Street Address: 591 West Putnam Avenue	Street Address	
Greenwich, CT 06830		
	Mailing Address:	
Name of General Partner.	Name of General Partner.	
Street Address.	Street Address.	
Maiting Address	Mailing Address:	

Name of Gener	ral Partner;	Name of General Partner:		
Street Address		Street Address.		
Mailing Addre	ss:	Mailing Address:		
Note: If the date in document's effective 12. Attached is a co Florida Departmen	serted in this block does not meet the a ve date on the Department of State's re ertificate of existence duly authenticate t of State, by the Secretary of State or t	ofter the date this document is filed by the Florida Dep pplicable statutory tiling requirements, this date will records d, not more than 90 days prior to the delivery of this a other official having custody of the entity's records in	not be listed as the ipplication to the	
the law of which it Signed this 15th	day of December	.20 21	•	
The individual sign	·	ature of a general partner stated herein are true and the individual is aware that	t false information	
submitted in a doct	iment to the Department of State const	tures a third degree felony as provided for in s 817-15	55, F.S	
(	iling Fees: Jertified Copy (optional): Jertificate of Status (optional):	\$1,000.00 (\$965 Fitting Fee and \$35 Registered / \$52,50 \$8,75	Agent Fee)	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "TBR SFR ORLANDO OWNER 2, 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 DECEMBER, A.D. 2021.

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

Authentication: 205007851

Date: 12-16-21