1/18/22, 11:14 AM

Division of Corporations



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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.

יאותא סו		FLORIDA/FOREIGN LP/LLLP FKH SFR PROPCO F, L.P.	2022 1 - 52 CO 2 - 1 - 52 CO	
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		Estimated Charge	S1,052.50	

Help

From: Lexus

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

L FKH SFR PROPCO E, 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.

	ited partnership or limited liability limited partnership proposes to register to transact ss in Florida; must contain acceptable suffix.
2 DELAWARE	3. 11/13/2020
State or Country of Formati	
4. Federal Employer Identification Number	2-4218874
5. Name of Registered Agent for Service of Pr	
C T Corporation System 1200 South Pine Island Road	
Plantation, Florida 33324	
6. Thereby accept the appointment as registered of all statutes relative to the proper and comp my position as registered agent. By:	d agent and agree to act in this capacity. I further agree to comply with the provisions of obligations of the performance of my duties, and I am familiar with and accept the obligations of C T Corporation System کونی کونی کونی Sandy Zwijack - Assistant Secretary
	Signature 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	1850 PARKWAY PLACE, SUITE 900 1850 PARKWAY PLACE, SUITE 900 MARIETTA, GA 30067 1111 Imited partnership, check box. 1111
9. If limited partnership is a limited liability	limited partnership, check box.
10. Name, principal office address, and mails CERBERUS SER HO	A DINGS VILLOP FLC
	Name of General Partner:
Street Address: 875 THIRD AVE, 10FL	Street Address:
NEW YORK, NEW YOR	K 10022
Mailing Address:	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner:		Name of General Partner:	
Street Address:		Street Address:	
		Mailing Address:	
(Effective date cannot be pri- Note: If the date inserted in t document's effective date on 12. Attached is a certificate of	or to nor more than 90 days aft this block does not meet the app the Department of State's reco of existence duly authenticated,	ter the date this document is filed by the Florida Department of State.) plicable statutory filing requirements, this date will not be listed as the ords. not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction un	
the law of which it is organiz		······································	
Signed this	day of	,20 22	
		M Tosers	
The individual signing this d submitted in a document to t	ocument affirms that the facts : he Department of State constitu	stated herein are true and the individual is aware that false information utes a third degree felony as provided for in s.817.155, F.S.	
	s: Copy (optional): e of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

Certificate of Status (optional):

Page 2 of 2

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The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FKH SFR PROPCO E, 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 FOURTEENTH DAY OF JANUARY, A.D. 2022.

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



Jottray W. Bullech, Secretary of State

Authentication: 202400785 Date: 01-14-22

7834165 8300

SR# 20220131180 You may verify this certificate online at corp.delaware.gov/authver.shtml