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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone

: (614)573-3996 Fax Number

3:47 annual report mailings. Enter only one email address please.\*\* 7 Email Address:\_

\*\*Enter the email address for this business entity to be used for future

## FLORIDA/FOREIGN LP/LLLP SFR XII NM Orlando Owner 1, L.P.

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

## FILE SECOND

Electronic Filing Menu

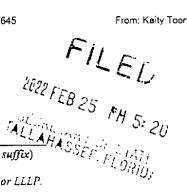
Corporate Filing Menu

Help

K. SALY

FEB 2 8 2022

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



1. SFR XII NM Orlando Owner 1, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership, which must include suff

If name unavailable, name		rship or limited liability limited partnership proposes to register to transact da; must contain acceptable suffix.
2. Delaware		3
State or	Country of Formation	Date of Formation
4. Federal Employer iden	tification Number:	
5. Name of Registered Ag	ent for Service of Process and	Florida Street Address:
С Т Согрогаtion System		
1200 South Pine Island Ro	ad	
Plantation, Florida 33324		
6. I hereby accept the appo of all statutes relative to my position as registered	the proper and complete perfort dagent. By: CTC Meredith	dagree to act in this capacity. I further agree to comply with the provisions rmance of my duties, and I am familiar with and accept the obligations of orporation System  Fieldwig, Assistant Secretary  Muddle Helling  Tre of Registered Agent
m m + 1 1 1 0 0 m	, ng nati	•
<ol> <li>Principal Office:</li> <li>West Pulnam Avenue</li> </ol>	ie	8. Mailing Address: 591 West Putnam Avenue
Greenwich, CT 06830		Greenwich, CT 06830
area many or a dead		
9. If limited partnership	is a limited liability limited pa	rtnership, check box.
	e address, and mailing addres	
Name of General Partn	er:SFR XII NM Orlando Owne	er GP, LLC Name of General Partner:
	West Putnam Avenue	Street Address:
Gree	nwich, CT 06830	
Mailing Address: 591 West Putnam Av Greenwich, CT 06830	West Putnam Avenue	Mailing Address:
	enwich, CT 06830	
Gree		Name of General Partner:
	er:	
Name of General Partn		Street Address:

Page: 4 of 5

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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: Up (Effective date cannot be prior to nor more than 90 day Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	es after the date this document is filed by the Florida Department of State.)  e applicable statutory filing requirements, this date will not be listed as the
	ated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 23rd day of February	,20 22
<u> </u>	ignature of a general partner
The individual signing this document affirms that the fa	acts stated herein are true and the individual is aware that false information

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\$52.50

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TILEU 2022 FEB 25 PM 54 21



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SFR XII NM ORLANDO OWNER 1, 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-FOURTH DAY OF FEBRUARY, A.D. 2022.

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



6632784 8300 SR# 20220710721 Authentication: 202763399

Date: 02-24-22