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To:			
	Division of Corporations		\sim .
	Fax Number : (850)617-6383		_ <u>_</u> _
From:		·.	
	Account Name : C T CORPORATION SYSTEM		ထ္
	Account Number : FCA000000023		
	Phone : (954)208-0845		പ
	Fax Number : (614)573-3995		

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA/FOREIGN LP/LLLP

FKH SFR M. L.P.

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

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S. ROBERTS

SEP 2 7 2022

2022-09-27 10:33:41 CST

12122023573

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffic) 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 par business in Flo	thership or limited liability limited partnership p orida; must contain acceptable suffix.	roposes to register to transact	
DELAWARE	3. 04/06/2022		
State or Country of Formation	Date of Formatio	n	
6. Federal Employer Identification Number <u>88-1738</u>	747		
i. Name of Registered Agent for Service of Process a			
C T Corporation System			
200 South Pine Island Road			
Plantation, Florida 33324			
Kait	and agree to act in this capitoty. I further agree informance of my duties, and I am familiar with a I Corporation System by Toon, Asst Sec	 to comply with the provisions and accept the obligations of 	
7. Principal Office:	8 Mailing Address:		
875 THIRD AVE, IOFL	C/O LEGAL FIRSTKEY HOMES LLC	: 20	
NEW YORK, NY 10022	1850 PARKWAY PLACE 9FL	2022 SEP	
	MARIETTA GA 30067	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
). If limited partnership is a limited liability limited	partnership, check box	7 AH	
0 Name, principal office address, and mailing add	ress of each general partner:	· · · · · ·	
Name of General Partner:	H GP, LLC Name of General Partner:		
Street Address: 875 THIRD AVE10FL NY, NY I	0022 Street Address		
875 THIRD AVEIOFL NY, NY I Mailing Address:	10022 Mailing Address		
Name of General Partner	Name of General Partner		
Street Address	Street Address:		
Mailing Address:			

Page: 4 of 5	2022-09-27 10:33:41 CST	12122023573	From: Lexus Winga
Name of General Partner:	Name of Ger	neral Partner;	
Street Address	Street Addre	\$8. <u></u>	
Mailing Address:	Mailing Add	ress:	
~ <u> </u>			

To:

Note: If the date inserted in this block does not nicet the applicable statutory tilling requirements, this date will not be listed as the document's effective date on the Department of State's records.

12 Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized

Signed this	day of	.20
	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 \$ \$17.155, 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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FKH SFR M, 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-FIRST DAY OF SEPTEMBER, A.D. 2022.

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



Nuclosa, Secretary of Stat

Authentication: 204447494 Date: 09-21-22

6719962 8300 SR# 20223583151

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