

B24000000099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

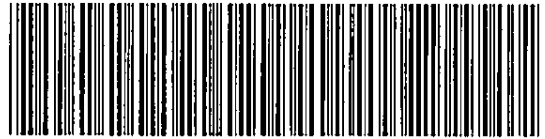
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 02 2024

K. Brumbley

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 04/02/2024  
 Acc#120160000072

*eric DW*

|             |                                    |
|-------------|------------------------------------|
| Name:       | Lantower REDT Sunrise Orlando 2 LP |
| Document #: |                                    |
| Order #:    | 15458152                           |

|                                   |                          |                           |  |
|-----------------------------------|--------------------------|---------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> | <h1>1-2 FILING</h1>       |  |
| Plain Copy:                       | <input type="checkbox"/> |                           |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                           |  |
| Certified Copy of                 | <input type="checkbox"/> |                           |  |
|                                   |                          | <h2>LLC 1st - LP 2nd</h2> |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination:   |  |
|                                   |                          | Number of Certs:          |  |

|   |  |
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|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
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| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **1052.50**

Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LANTOWER REDT SUNRISE ORLANDO 2 LP

\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Michael Loeb

\_\_\_\_\_  
Contact Person

Lantower Residential

\_\_\_\_\_  
Firm/Company

c/o H&R REIT, 3625 Dufferin Street, Suite 500

\_\_\_\_\_  
Address

Toronto, Ontario, M3K 1N4

\_\_\_\_\_  
City, State and Zip Code

mloeb@lantower.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)     \$1,008.75 Filing Fees and Certificate of Status     \$1,052.50 Filing Fees and Certified Copy     \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANACT BUSINESS IN FLORIDA**

1. LANTOWER REDT SUNRISE ORLANDO 2 LP

(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.

2. Delaware State or Country of Formation      3. March 26, 2024 Date of Formation

4. Federal Employer Identification Number: 65-0979715

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: John Flynn, Assistant Secretary  
Signature of Registered Agent

7. Principal Office:  
3625 Dufferin Street, Suite 500  
Toronto, Ontario  
Canada, M3K 1N4

8. Mailing Address:  
c/o H&R REIT  
3625 Dufferin Street, Suite 500  
Toronto, Ontario, Canada, M3K 1N4

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9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

|                          |  |                          |       |
|--------------------------|--|--------------------------|-------|
| Name of General Partner: | <u>Lantower REDT Sunrise Orlando GP 2 LLC</u>  | Name of General Partner: | _____ |
| Street Address:          | <u>3625 Dufferin Street, Suite 500</u><br><u>Toronto, Ontario, Canada, M3K 1N4</u>           | Street Address:          | _____ |
| Mailing Address:         | <u>c/o H&amp;R REIT, 3625 Dufferin Street, Suite 500</u><br><u>Toronto, Ontario, M3K 1N4</u> | 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: \_\_\_\_\_ 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 date this document is filed by the Florida Department of State.)  
Note: If the date inserted in this block does not meet the applicable statutory filing 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 1st \_\_\_\_\_ day of April, 2024

  
\_\_\_\_\_  
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:                      | \$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee) |
| Certified Copy (optional):        | \$52.50   |
| Certificate of Status (optional): | \$8.75  |

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LANTOWER REDT SUNRISE ORLANDO 2 LP" 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 FIRST DAY OF APRIL, A.D. 2024.

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



3338820 8300

SR# 20241251813

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203152483

Date: 04-01-24