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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Da	ite:	04/02/2024	4: DW		
		Acc#I20160000072	4: () = W		
Name:	Lantower REDT Sunrise Orlando 1 LP				
Document #:					
Order #:	15458152				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		1-2 FI	LING		
Certified Copy of		LLC 1st	- LP 2nd		
Apostille/Notarial Certification:		Country of Destination: Number of Certs:			
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Thank you!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LANTOWER REDT SUNRI	SE ORLANDO I LP
Name of Foreign Lim	ited Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of star partnership to transact business in Florida. Please return all correspondence concerning	
Michael Loeb	
Contact Person	1
Lantower Residential	
Firm/Company	y .
c/o H&R REIT, 3625 Dufferin Street, Suit	te 500
Address	
Toronto, Ontario, M3K 1N4	
City, State and Zip	Code
mloeb@lantower.com	•
E-mail address: (to be used for future and	nual report notification)
For further information concerning this ma	itter, please call:
	at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	unt:
S1,000.00 Filing Fees S1,008.75 F (\$965 Filing Fee and and Certific \$35 Registered Agent Status Fee)	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

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

 $_{
m L}$ LANTOWER REDT SUNRISE ORLANDO 1 LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., I.P., 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. 3. March 26, 2024 2. Delaware State or Country of Formation **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. Thereby 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 CT Corporation System
ohn Flynn Assistant Secretary
Signature of Registered Agent my position as registered agent. 8. Mailing Address: 7. Principal Office: c/o H&R REIT 3625 Dufferin Street, Suite 500 3625 Dufferin Street, Suite 500 Toronto, Ontario Toronto, Ontario, Canada, M3K 1N4 Canada, M3K 1N4 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: Lantower REDT Sunrise Orlando GP Name of General Partner:___ 3625 Dufferin Street, Suite 500 Street Address: _ Street Address: Toronto, Ontario, Canada, M3K 1N4 c/o H&R REIT, 3625 Dufferin Street, Suite 50 Mailing Address: Mailing Address: Toronto, Ontario, M3K 1N4 Name of General Partner:_______ Name of General Partner:______ _____ Street Address: Street Address: Mailing Address: ______ Mailing Address:_

Name of General Partne	r:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
(Effective date cannot be pr. Note: If the date inserted in document's effective date of 12. Attached is a certificate	this block does not meet the appl in the Department of State's recor- of existence duly authenticated, r	r the date this document is filed by the icable statutory filing requirements, t	his date will not be listed as the ivery of this application to the
the law of which it is organi		24	
Signed this 15t	day of April		
		ure 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 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LANTOWER REDT SUNRISE ORLANDO 1 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.

NEW YORK OF THE PARTY OF THE PA

Authentication: 203152485

Date: 04-01-24