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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	



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S. CHATHAM

OCT 31 2022

SECRETARY OF STATE STATE STATE OF CORPORATIONS

10/31/22



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 10/31/2022

Trans#: 1337186

Entity Name: KEYSTONE 1031 ORLANDO OFFICE, DST

Other (XXX) **FOREIGN DEC OF TRUST 3	General Partnership ()
Reinstatement ()	Withdrawal / Cancellation (
Limited Partnership ()	Merger ()
Foreign Qualification ()	Limited Liability ()
Conversion ()	Fictitious Name ()
Articles of Dissolution ()	Annual Report ()
Articles of Incorporation ()	Articles of Amendment ()

STATE FEES PREPAID WITH CHECK #3018 FOR \$367:50

PLEASE RETURN:

Certified Copy (XXX) Plain Photocopy ()

Good Standing (XXX) Certificate of Fact ()

Phone: 855-498-5500

22 OCT 31 AH 10: 0

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR QUALIFY

Keystone 1031 Orlando Office, DST A Delaware statutory TRUST In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of Keystone 1031 Orlando Office, DST (Name of Trust) Delaware statutory Trust hereby affirms in order to file or qualify (State) Keystone 1031 Orlando Office, DST , in the State of Florida. (Name of Trust) 1. Two or more persons are named in the Trust. 2. The principal address is <u>c/o Keystone 1031, LLC</u> 350 Jericho Turnpike, Suite 302 Jericho, NY 11753 3. The registered agent and street address in the State of Florida is: Capitol Corporate Services, Inc. 515 E. Park Avenue, 2nd FL Tallahassee, FL 32301 4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit. I hereby accept the appointment as registered agent and agree to act in this capacity. Toylor Suy Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc. (Signature of Registered Agent) 5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Name: Chris Sorensen Manager of Sorensen Entity Services LLC, a trustee

Filing Fee:

\$350.00

Certified Copy: \$ 8.75 (optional) The foregoing instrument was acknowledged before me this 27 day of October 2022 by

This topher Soiens ch (name of person seeking acknowledgement)

County/City of Chesterfield

Commonwealth/State of Virginia

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT

COPIES OF ALL DOCUMENTS ON FILE OF "KEYSTONE 1031 ORLANDO

OFFICE, DST" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF STATUTORY TRUST REGISTRATION, FILED THE THIRTIETH DAY OF SEPTEMBER, A.D. 2022, AT 8:48 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID STATUTORY TRUST, "KEYSTONE 1031 ORLANDO OFFICE, DST".

SECRETARY OF STATE DIVISION OF CURPORATION

Authentication: 204721889

Date: 10-27-22

7062644 8100H SR# 20223879306

State of Delaware Secretary of State Division of Corporations Delivered 08:48 PM 09/30/2022 FILED 08:48 PM 09/30/2022 SR 20223670615 - File Number 7062644

STATE of DELAWARE **CERTIFICATE of TRUST**

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (Title 12 of the Delaware Code, Section 3801 et seq.) and sets forth the following:

cond: The name and address	s of the Delaware trustee is
	.C. located at 1201 N. Orange Street, Suite 7044
nird: (Insert any other inform	mation the trustees determine to include therein.

SORENSEN ENTITY SERVICES LLC

Frustec(8)
Chris Sorensen, Manager of Sorensen