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To:		65
Division of (	Zamarahi ana	Sail,
	<u>-</u>	<u> </u>
Fax Number	: (850)617-6383	
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From:		
Account Name	: CAPITOL SERVICES, INC.	7.7
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Account Number	er : 120160000017	
Phone	: (800)345-4647	••
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Fax Number	: (800) 432-3622	35

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

Email	Address	:			

## FOREIGN PROFIT/NONPROFIT CORPORATION STARLIGHT U.S. MULTI-FAMILY (NO.4) CORE REIT INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$728.75

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COVER LETTE	R
TO: Registration Section Division of Corporations	
SUBJECT: Starlight U.S. Multi-Family (No. 4) Core Name of corporation - must i	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorize "Certificate of Existence," or "Certificate of Good Standing" as above referenced foreign corporation to transact business in Flo	nd check are submitted to register the
Please return all correspondence concerning this matter to the f	ollowing:
Capitol Services – Corporate Filings Team	
Name of Person	
Capitol Services, Inc.	
Firm/Company	
800 Brazos Ste 400	
Address	
Austin TX 78701	
City/State and Zip o	odė
mmcconnell@starlightinvest.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call;	
Kim Tadlock at ( 800 ) 345	5-4647
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER 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 Tallahassec, FL 32314
Enclosed is a check for the following amount:	
	5 Filing Fee & S87.50 Filing Fee, led Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	5. MUITI-PEMILY (NO. 4) GORE REP orporation; must include "INCORPORATED			
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. Maryland	3	47-3666802		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	-	
4. March 13, 2				
	of incorporation)	(Date of duration, if other than perpetual)	_	
б			_	
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7, 2200 Villa V	erano Way, Kissimmee, FL 347	744		
	(Princ	ipal office address)		
3280 Bloor	Street West, Centre Tower, Suit	e 1400, Toronto, Ontario M8X 2X3	_	
	(Current mail	ing address, if different)		
			6	
8. Name and street	et address of Florida registered agent: (P	O. Box NOT acceptable)	<b>M</b> C	
Name:	Capitol Corporate Services, In	<u>ic.</u>	23	
Office Address:	155 Office Plaza Dr Ste A		17=	:
	Tallahassee	Florida 32301		:
	(City)	, Florida 32301 (Zip code)	05	
G. Degistered ag	ent's acceptance:			•
Having been nan	ned as registered agent and to accept ser	vice of process for the above stated corporation at th		
		tment as registered agent and agree to act in this cap relative to the proper and complete performance of		Į
	familiar with and accept the obligations		""	
	Kula Au	Krista Ali Acat Constant on bol	. a K	
	Anta Hi	Krista Ali, Asst. Secretary on behof Capitol Corporate Services, In		
_	(Registere	d agent's signature)	ic.	
	` •	— - ·		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Name	s and business addresses of officers and/or directors:		
A. DIRE	CTORS		
Chairman:			
Address: _			
			<del></del>
Vice Chain	man:		
Address: _		···	;
_			
Director: _	Stephen S. Maris	<u></u>	
Address: _	13 Sierra Dawn, Santa Fe, NM 87508	M	:
_		22	
Director:		4	7 <b>.</b>
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
74444 Cas		25	3"
B. OFFI	CEDS		
	From White		
	3280 Bloor Street West, Center Tower, Suite 1400, Toronto, Ontario, Canad		283
Address: _	3200 Blobi Gireet West, Center Tower, Stite 1400, Toronto, Ontario, Canac	IN IVION	
• • • • • •			
	dent:	<b></b>	
Address: _		<del></del>	
-	Stanhan S. Marie		
•	Stephen S. Maris  13 Sierra Dawn, Santa Fe, NM 87508		
	13 Sierra Dawii, Sailta Fe, Nivi 67300	· · · · · · · · · · · · · · · · · · ·	
Treasurer:			
Address: _			
NOTE: I	f necessary, you may attachen addendum to the application listing additional officers and/or direct	ctors.	
	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts s	totad har	
are true as	er or director signing this document (and who is listed in number 11 above) attrins that the facts s nd that he or she is aware that false information submitted in a document to the Department of Sta gree felony as provided for in s.817.155, F.S.		
13. Eva	n Kirsh, President		
	(Typed or printed name and capacity of person signing application)		

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT STARLIGHT U.S. MULTI-FAMILY (NO. 4) CORE REIT INC., INCORPORATED MARCH 13, 2015, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 17, 2016.

Deputy Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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