Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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



Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED UABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LAHB SFR BOATMAN, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Jurisdiction under the law of w		,		
	hich foreign limited liability company is erganized)	.د	(PEt number, if applicable)	<u> </u>
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration nine penalty) liadalaty)	
200 Clarendon Street		ć	400! Kennett Pike, Suite 302	
et Address of Erincipal Office)		Ģ.	(Mailing Address)	
Boston, MA 02166			Wilmington, DE 19807	
Name:	ss of Florida registered agent: (P.O. Bo: Corporate Creations Network Inc.			
	S01 uS Highway 1			
Office Address:				
Office Address:	North Palm Beach,		33408 . Florida	
Office Address:	North Palm Beach, (City)		33408 , Florida (Zip code)	

Ð 6 (Registered agent's signature) ក្ន

Title or Capacity: Name and Address: Title or Capacity: Name and Address: Reginald D. Bell Name: ROIB3 SFR Holdings G, LLC Name: □Manager Manager 504 Rhett Street. Address: 200 Clarendon Street ₩ Member Address: ⊡Member Boston, MA 02116 Suite 200 □Authorized Authorized Greenville, SC 29601 Person Person □Other____ □Other_____ □Other____ 🗇 Other Rajib Das Name: ⊂ Manager Name: _____ □Manager 390 N. Orange Ave., 🗌 Member Address: □ Member Address: Suite 1875 -Authorized E Authorized Orlando, FL 32801 Person Person ⊡Other_ Other Other □Other (b)□Manager Name: Manager Name:

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

. .

□ Member

□ Authorized

Person

Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

<u>
<u>
</u>
Member
</u>

CAuthorized

Person

 \Box Other___

Address:

[] Other_____

Address:

Ъ

⊡Other

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any 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.

/s/ Michael Treisman Signature of an authorized person Michael Treisman

Typed or printed name of signes

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AHB SFR BOATMAN, LLC" 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 SIXTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHB SFR BOATMAN, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2023.

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



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Date: 08-15-23

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