Division of Corporations Electronic Filing Cover Sheet

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(((H13000133293 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Address:			_
	Address:	Address:	Address:

### Foreign Limited Liability Company SFRH SF RENTAL GP, LLC

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$125.00

'JUN 13 2013

A. LUNT

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

CR2E027 (9/1		cov	er letter		
	egistration Section ivision of Corporations				
OUR IT CO	SFRH SF Rental GP,	LLC			•
SUBJECT	:	Name of Lim	ited Liability Company	,	
			eany for Authorization to Transced foreign limited liability		
Please retur	rn all cor <del>respo</del> ndence co	oncerning this matter to the	following:	·	~
	Adam Levinson				2013
		Na	me of Person	II.	<u> </u>
	Southeast Florida	Home Rental		ର <u>୬</u> ଜୁନ	72 F
		Fit	m/Company	<del></del>	<b>3 E</b>
	5300 NM 12th A	venue, Suite 1	÷		
			Address		<b>-</b>
	Fort Lauderdale,	FL 33306			
٠.		City/St	ate and Zip Code		
	levinson.adam@g	mail.com		•	
		E-mail address: (to be used	for future annual report noti	lication)	•
For further	information concerning	this matter, please call:			
A	dam Levinson	,	617 482-17	76	•
	Name o	f Person Area	at () Code & Daytime Telephone	Number	•
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	Division Registra Clifton 2661 E:	T ADDRESS: n of Corporations stion Section Building secutive Center Circle ssee, FL 32301		•
	is a check for the fo \$125.00 Filing Fee	ollowing amount:  \$130.00 Filing Fee & Certificate of Status	디 \$155.00 Piling Pec & Certified Copy	S160.00 Filing Fee, Co of Status & Certified	

#### O'r Mortantion by Foreign Limited Liability Company for authorization Transact Business in Florida

	USINESS IN THE STATE OF FLORIDA:	A POREK
SPRH SP Romai OP, LLC	notice of the appropriate and action,	
(Name of Powign Limited Liability Compa	suy; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	d for the purpose of transacting business in Florida and attach a copy of topting the alternate name. The afternate name must include "Limited L	
DELAWARE ·	. 3	
urisdiction under the law of which foreign line ompany is organized)	alled liability (PBI miniber, if applicable)	<del></del>
JUNE 10, 2013	5. PERPETUAL	
(Date of Organization)	(Duration: Year limited liability company will cease oxist or "perpotusi")	- 61 S
18.		<u>&gt;</u> ≥
(See sections 608.501	businers in Florida, il prior to registration.) & 608.502 P.S. to determine pondity liability)	7.5
c/o Southeast Florida Rental Housing LP, 530	00 NW 12th Avenue, Suite 1, Port Laudendale, I'L 33306	535
	·	بتان
· , , , , , , , , , , , , , , , , , , ,	(Street Address of Principal Office)	1 2/1 1 2/1
·	\	
If limited liability company is a manag	ger-managed company; check here 🔀	
The name and usual business addresse	es of the managing members or managers are as follows:	
Manager: SFRH Equity LP		
e/o Southeest Plevide Reatel Hou	sing LP, 5300 NW 12th Avenue, Suito 1, Port Lauderdale, PL 33306	
, an annual to the term of the	in Barrier	
		lu of mooni
Attached is an original certificate of existence, in jurisdiction under the law of which it is organize edution of the certificate under eath of the transla		190, A
Attached is an original certificate of existence, in jurisdiction under the law of which it is organize which a of the translation of the translation. Nature of business or purposes to be	ed. (A photocopy is not acceptable. If the cordificate is in a foreign languation must be submitted.)  conducted or promoted in Piorida: to act as the general partner	19C, A
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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name SERH ST REN	of the Limited Liability Co TAL OP, LLC	ompany is:	
if unavailable	e, the alternate to be used in	the state of Florida is;	<del></del>
2. The name	and the Plorida street addre	ass of the registered agent and office are:	SECRETARY 12
	•	Adam Levinson	ASSE ASSE
		(Name)	(21年) [2] (22年)
	c/o Southeast Plorida Re	ental Housing LP, \$300 NW 12th Avenue, Suite 1	E S
Plarida Street Address (P.O. Box NOT ACCEPTABLE)		Address (P.O. Box NOT ACCEPTABLE)	
	Pari Lauderdele	33309	क्षान क
•		City/State/Zlp	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this carlificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Adam Levinson

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

| LOST - 051 KI 01/ Webs to Edwar Cale

# Delaware

DAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBBY CERTIFY "SFRH SF RENTAL GP, 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 TENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BERN ASSESSED TO DATE.

5348010 8300

130754211

You may varify this cortificate online

AUTHENTY CATION: 0496612

DATE: 06-10-13