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(((H16000092205 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL &

Account Number : I20030000112

Phone

: (239)552-4100

Fax Number

: (239)649-0158

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MODITION JOHN COM

Foreign Limited Liability Company Perennial Apartments Parent LLC

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Perennial Apartments F (Name of Fore | eign Limited Liability Company; must inch | ude "Limited Liability Company," "L.L.C.," or | "LLC.") | | _ |
|--|--|--|---------------------------|------------|-------------|
| Liability Company," "L.L.C, | Iternate name adopted for the purpose of tra | ensacting business in Florida. The alternate na | ne must inc | lude "L | invited |
| 2. Delaware | 3. | | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable |) | | _ |
| 4 | (Date first transacted business in F (See sections 605.0904 & 605.0905, | Florida, if prior to registration.) | _ | | |
| 5 390 Park Avenue, 15th | | F.S. to determine penalty liability) | | | |
| New York, NY 10022 | | | _ | | |
| · · · · · · · · · · · · · · · · · · · | (Street Address of Princip | oal Office) | _ | | |
| 6. 390 Park Avenue, 15th | Floor | | | 1 | |
| New York, NY 10022 | | | | (C) 102 | |
| • | (Mailing Addres | 59) | | 20 | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Bo | | | <u></u> | **** |
| Name: | Salvatori, Wood, Buckel, Carmichae | & Lottes | Tis: | | 1 1 |
| Office Address; | 9132 Strada Place, 4th Floor | | 등록 등록 | ά | |
| | Naples | Florida 34108 | SE | 56 | |
| Registered agent's accep | (City) | (Zip code) | | | |
| Having been named as re designated in this applica to complywith the provisi | gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent. | f process for the above stated limited liab as registered agent and agree to act in the er and complete performance of my dutie gent's signature) | ils capacity | y. I fui | ther agre |
| | | | • | | |
| The name, title or capa Jonathan Shechtman, Port | acity and address of the person(s) who folio Manager | has/have authority to manage is/are: | | | |
| 390 Park Avenue, 15th Fl | oor | | | | |
| New York, NY 10022 | And the second s | | | | |
| | of which it is organized. (If the pertificular production of which it is organized.) | I, duly authenticated by the official having ate is in a foreign language, a translation of authorized person | | | |
| This document is executed | l in accordance with section 605.0203 (| (1) (b), Florida Statutes. I am aware that ar third degree felony as provided for in s.81 | ny false infi 7.155 FS | ormatic | on |
| | Leo J. Salvatori | and degree terony as provided for in all I | | | |

Typed or printed name of signee (((H16000092205 3)))

(((H16000092205 3)))

Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERENNIAL APARTMENTS PARENT 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 THIRTEENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERENNIAL APARTMENTS PARENT LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2016.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

5988392 8300 SR# 20162261691 Authentication: 202138562

Date: 04-13-16