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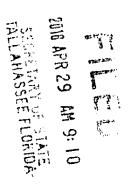
(Requestor's Name)	
	Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ M	AIL
	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status _	
Special Instructions to Filing Officer:		
	OK	

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Marsa

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MCF SFR Holding	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	the following:
Kevin DePeter	Name of Person
MCF SFR Holding	5 1, LLC Firm/Company
1313 W Fairbanks	Address
Winter Park, FL Ci	32789 ty/State and Zip Code
Kdepeter@resico E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call	·
Justin Genac Name of Contact Person	at (33) 418-3592 Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\square\$\$\$\$125.00 \text{ Filing Fee}\$\$\$\$Certificate of Status	& \$\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}

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: SFR Holdings 1 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Deloware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 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) 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.

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MCF SFR HOLDINGS 1, 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 FOURTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCF SFR HOLDINGS 1, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2015.

2016 APR 29 AM 9: 10

Authentication: 202090248

Date: 04-04-16

Dear Customer Service,

UPON RECEIVING THIS PACKET, I AM REQUESTING EITHER A CALL BACK OR EMAIL AS CONFIRMATION.

ATTACHED IS A SELF ADDRESSED ENVELOPE FOR THE DEPOSIT'S RECEIPT.

I've enclosed the following checks in order to establish our account:

Check # 1239 for \$ 125-00 to pay for Filing Fee.

Regards,

Justin Genao

1313 West Fairbanks Ave Winter Park FL. 32789

Justin Genao – Utilities/HOA/Acquisitions Manager

Phone: 321.418.3592 Fax: 321.972.9111 Email: jgenao@resicap.com