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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

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**Enter the email address for this business entity to be used for fliture annual report mailings. Enter only one email address please in the contract of the contract of

Ema	i	1	Address:
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Foreign Limited Liability Company FRBH C1 Residential, LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

Help .

7/21/2016 1:57:09 PM From: To: 8506176383(2/4)

		COVER LETTER		•	
	on Section f Corporations	•			
OTID THOSE		FRBH C1 Residential, LL	.c	·	
SUBJECT:		Name of Limited Liability (Company		
The enclosed "Appl Existence, and chec	lication by Foreign Limited Lia k are submitted to register the a	bility Company for Authoriza bove referenced foreign limit	tion to Transact Busined liability company	ness in Florida," Certificate to transact business in Flori	of da.
Please return all cor	respondence concerning this m	atter to the following:		,	
	Helen Kim				
· · · · · · · · · · · ·		Name of Person			
	Highland Capital Man	agement			
	<u> </u>	Firm/Company	<u></u>		
•	390 Crescent Ct, Ste 7	900			
		Address	······································	≂	
	Dallas, TX 75201				
_		City/State and Zip Code			חַ
•	hkim@HighlandCapita			2 P	_
For further informat	E-mail address:	(to be used for future annual	report notification)		
For the tipe unformat	- ;		419-2513		
	Helen Kim Name of Contact Person	972 at (Daytime Telep	hone Number	
		Area Code			
	ADDRESS: Corporations		STREET ADDRES Division of Corporat	tions	
Registratio P.O. Box 6	n Section	•	Registration Section Clifton Building		
	327 e, FL 32314		2661 Executive Cen Tallahassee, FL 323		
	for the following amount:				
□ \$ 125.00	Filing Fee			00 Filing Fee, Certificate & Certified Copy	

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

		TION 605.0902, FLORI. ISINESS IN THE STATI		LLOWING IS SE	JBMITTED TO REGISTER A	FOREIGN L	IMITEL) LIABILIT
	FRBH C1 R	esidential, LLC						
	(Name of Fore	elgn Limited Liability	Company; must include	"Limited Liabi	lity Company," "L.L.C.," or	"LLC.")		-
(If name un Liability C	navailable, enter a ompяпу," "L.L.C,	ternate name adopted	for the purpose of transa	cting business	in Florida. The alternate nan	ne must inclu	de "Lin	nited
2,	Delaware		3					
(Jurisdici	tion under the law by is organized)	of which foreign limit	ed liability		(FEI number, if applicable)	,		-
4.						= 0	ੜ	
		(Date first tran	nsacted business in Flori 5.0904 & 605 0905, F.S.	da. if prior to r	egistration.) nenalty liability)		C)	
_	300 Crescen	t Court, Suite 700, D		. w getermine j	·	查哥		773
5						- 52	<u></u>	
		·				_ 282		اسخساً }
		•	et Address of Principal C	Office)			200-	171
6	300 Crescen	t Court, Suite 700, D	Jalias, TX 75201				· 32	Name of
						当当	င္	
			(Mailing Address)			- 9m	Ġ	
7 Name	and street address	e of Florida register	ed agent: (P.O. Box 1	NOT acceptal	nle)			
	•	CT Corporation S			,			
	Name:	1200 South Pine I						
(Office Address:		State Road					
		Plantation			, Florida 33324 (Zip code)	-		
_	d agent's accep		(City)		(Zip code)			
designates to comply	d in this applica with the provision obligations of t	tion, I hereby accep ons of all statutes re ny position as regis	t the appointment as i lative to the proper at	registered ago nd complete p	above stated limited liabi ent and agree to act in the erformance of my duties	is capacity. , and I am j	I furtl familia	her agree
			(Registered agent	's Signature)				
g The no	- title Ar cons	city and address of t	the person(s) who has/	have authorit	v to manage is/are			
	•	•	rescent Court, Suite 70					
			 					
Harry	Bookey, Author	ized Signatory, 400	Locust Street, Suite 7.	90, Des Moin	es, 1A 50309			
						_		
jurisdictio	d is a certificate in under the law i stator must be su	of which it is organiz	re than 90 days old, du	uly authentica is in a foreign	ted by the official having language, a translation o	custody of r	ecords ate unc	in the der oath
			Signature of an auth	orized person				
This docu- submitted	ment is executed in a document to	in accordance with the Department of S	section 605.0203 (1) (6 State constitutes a third	b), Florida St I degree felon	atutes. I am aware that any y as provided for in s.817	y false inform .155, F.S.	nation	
			Brian Mitts	<u></u>		_		
•.*			Typed or printed nam	ne of signee				

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRBH C1 RESIDENTIAL, 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 TWENTY-FIRST DAY OF JULY, A.D. 2016.

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

FILED

SECRETARY OF STATE

SECRETARY OF STATE

AND STATE

SECRETARY OF STATE

SECRETAR

5443782 8300

SR# 20165014304

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Jeffrey VI, Bullianh, Bourerlawy of Blutte

Authentication: 202697727

Date: 07-21-16