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| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| , ,                                     |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer; |
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SECRETARY OF STATE
ALL AHASSEF FLORIDA

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#### COVER LETTER

TO:

|           |                        | stration Section<br>sion of Corporation   | s   |                                    |  |  |   |
|-----------|------------------------|---|---|------------------------------------|--|--|---|
| SUBJEC    |                        | Affinity Realty Man   | agement LLC   |                                    |  |  |   |
| SODJEC    | ∵ I÷ _                 |   | Name of   | Limited Liability (                | Company  |  | - |
|           |                        |   | eign Limited Liability Com<br>I to register the above refer |                                    |  |  |   |
| Please re | eturn a                | all correspondence co   | oncerning this matter to the                                | following:                         |  |  |   |
|           |                        | Claudia Morais  |   |                                    |  |  |   |
|           |                        |   | N   | ame of Person                      |  |  | - |
|           |                        | SROA Capital,   | LLC   |                                    |  |  |   |
|           |                        |   | F   | irm/Company                        |  |  | - |
|           |                        | 324 Datura Stre   | et. Suite 338   |                                    |  |  |   |
|           |                        |   |   | Address                            |  | -  | - |
|           |                        | West Palm Beac  | rh, FL 33401  |                                    |  |  |   |
|           |                        |   | City/S  | State and Zip Code                 |  |  | - |
|           |                        | claudia@sroa.com  | n   |                                    |  |  |   |
|           |                        |   | E-mail address: (to be use                                  | d for future annual                | l report no                                    | tification)  | - |
| For furth | ner int                | ormation concerning   | this matter, please call:                                   |                                    |  |  |   |
|           | Clau                   | dia Morais  |   | 561                                | 708-15   | 75   |   |
|           |                        | Name of   | Contact Person  | Area Code                          | Day  | rtime Telephone Number   | - |
|           | Divis<br>Regis<br>P.O. | LING ADDRESS:<br>sion of Corporations<br>stration Section<br>Box 6327<br>hassee, FL 32314 |   |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exc | of Corporations ion Section duilding ecutive Center Circle see, FL 32301 |   |
|           |                        | check for the followi<br>25.00 Filing Fee   | ng amount:  S130.00 Filing Fee & Certificate of Status      | □ \$155.00 Filir<br>Certified Copy | ig Fee &                                       | ■ \$160.00 Filing Fee, Cof Status & Certified Co                         |   |

#### 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 COMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA:

| (It name unavailable, enter alternate i  | name adopted for the purpose of transacting business in Fl   | orida. The alternate name must include "Limite   | ed Liability Company," "L.L.C," or "LLC.")  |
|--|--|--|---|
| new Jersey   |  | 3.   |   |
|  | hich foreign limited liability company is organized)   | (FEI m   | umber, if applicable)   |
| 4.   |  |  |   |
| · · · · · ·  | (Date first transacted business in Florida, if prior to<br>(See sections 605 0904 & 605 0905, F.S. to determi  |  |   |
| s 13710 Lake Cawood E  | Drive  | 6. 13710 Lake Cawood Dri   | ive   |
| (Street Address of P   | rincipal Office)   | (Mailing A   |   |
| Windermere, FL 34786   | <u> </u>   | Windermere, FL 34786   | · · · · · · · · · · · · · · · · · · ·   |
|  |  | <del></del>  | A E = 7   |
| 7. Name and street address   | ss of Florida registered agent: (P.O. Box  | NOT_acceptable)  | AUG -   |
| Name:  | Corporate Creations Network Inc.   |  |   |
| Office Address:  | 11380 Prosperity Farms Road #221E  |  |   |
|  | Palm Beach Gardens   | 33410  | &   |
|  | (Cay)  | , Florida 33410  | code) Sm S  |
| <i>ina accept те обиданоп.</i>   | s of my position as registered agent.  |  | y dutics, and I am familiar with  |
| та ассері ін <del>е</del> обиданоп.  | Michael Rein   | nhold, Vice President  |   |
| та ассері т <del>е</del> обпраноп.   |  | nhold, Vice President  |   |
| 8. The name, title or capa   | Michael Rein (Registered agent's acity and address of the person(s) who has  | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| , "  | Michael Reil (Registered agent's   | nhold, Vice President  | <del></del>   |
| 8. The name, title or capa   | Michael Rein (Registered agent's acity and address of the person(s) who has  | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| 8. The name, title or capa Title or Capacity:  | Michael Rein (Registered agent's neity and address of the person(s) who has Name and Address:  Robert Consolvo Jr.  13710 Lake Conwood Drive   | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| 8. The name, title or capa Title or Capacity:  | Michael Rein (Registered agent's neity and address of the person(s) who has Name and Address: Robert Consolvo Jr.  | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| 8. The name, title or capa Title or Capacity;  | Michael Rein (Registered agent's neity and address of the person(s) who has Name and Address:  Robert Consolvo Jr.  13710 Lake Conwood Drive   | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| 8. The name, title or capa Title or Capacity:  | Michael Rein (Registered agent's neity and address of the person(s) who has Name and Address:  Robert Consolvo Jr.  13710 Lake Conwood Drive   | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| 8. The name, title or capa  Title or Capacity:  Managing Member  | Michael Rein (Registered agent's pricity and address of the person(s) who has Name and Address:  Robert Consalvo Jr.  13710 Lake Cawood Drive Windermere, Ft. 34786  | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| 8. The name, title or capa  Title or Capacity:  Managing Member  | Michael Rein (Registered agent's pricity and address of the person(s) who has Name and Address:  Robert Consalvo Jr.  13710 Lake Cawood Drive Windermere, Ft. 34786  | nhold, Vice President  ilgrature)  I have authority to manage is/are:  | <del></del>   |
| 8. The name, title or capa  Title or Capacity:  Managing Member  (Use attachments if neces)  Attached is a certificate furisdiction under the law  | Michael Rein (Registered agent's actity and address of the person(s) who has Name and Address:  Robert Consolvo Jr.  13710 Lake Cawood Drive Windermere, Ft. 34786   | nhold, Vice President  ignaure)  /have authority to manage is/are:  Title or Capacity;  duly authenticated by the official   | Name and Address:   |
| 8. The name, title or capa Title or Capacity:  Managing Member  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law of the translator must be su  10. This document is exec  | Michael Rein (Registered agent's actity and address of the person(s) who has Name and Address:  Robert Consolvo Jr.  13710 Lake Cawood Drive Windermere, Ft. 34786   | chold, Vice President (I) (b), Florida Statutes, I amaw.   | Name and Address:  Thaving custody of records in the ation of the certificate under oath are that any false information |
| 8. The name, title or capa  Title or Capacity:  Managing Member  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law of the translator must be su  10. This document is exec | Michael Rein (Registered agent's recity and address of the person(s) who has Name and Address:  Robert Consalvo Jr.  13710 Lake Cawood Drive Windermere, Fi. 34786  ssary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203 of the Department of State constitutes a thi | chold, Vice President (have authority to manage is/are: Title or Capacity;  duly authenticated by the official is in a foreign language, a translation of the compacity of the compacity;  (1) (b), Florida Statutes, I amaw of degree felony as provided for in | Name and Address:  Thaving custody of records in the ation of the certificate under oath are that any false information |
| 8. The name, title or capa  Title or Capacity:  Managing Member  (Use attachments if neces)  Attached is a certificate furisdiction under the law of the translator must be su  10. This document is exec    | Michael Rein (Registered agent's recity and address of the person(s) who has Name and Address:  Robert Consalvo Jr.  13710 Lake Cawood Drive Windermere, Fi. 34786  ssary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203 of the Department of State constitutes a thi | chold, Vice President (I) (b), Florida Statutes, I amaw.   | Name and Address:  Thaving custody of records in the ation of the certificate under oath are that any false information |

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

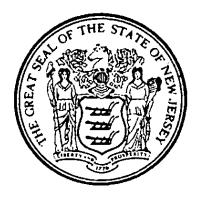
### AFFINITY REALTY MANAGEMENT LIMITED LIABILITY COMPANY 0400600560

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 12, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROBERT CONSALVO JR 28 TRAPPER ROAD SEWELL, NJ 08080-3314



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of July, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number : 6081489416

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp