## m1800001583

| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (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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Office Use Only



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S. WARREN FEB 1 5 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 070554 7814304

AUTHORIZATION : C

COST LIMIT : \$\sigma 125:00

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ORDER DATE: February 14, 2018

ORDER TIME : 11:20 AM

ORDER NO. : 070554-005

CUSTOMER NO: 7814304

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: CH MF BTH II/FT LAUDERDALE

TARPON RIVER, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

| TO: R  | egistration Section<br>ivision of Corporations   |           |                                 |  |   |                                |  |
|--|--|-----------|---------------------------------|--|---|--------------------------------|--|
| SUBJECT  | CH MF BTH II/Ft Lauderdale Tarpon  | River, L. | L.C.                            |  |   |                                |  |
| Name of Limited Liability Company                                  |  |           |                                 |  |   |                                |  |
| Existence,   | ed "Application by Foreign Limited Liabil<br>and check are submitted to register the abo | ove refer | enced foreign lim               | ation to Tr<br>ited liabili                | ransact Business in Florida,<br>ry company to transact busin                  | Certificate of ness in Florida |  |
| ricase retur   | m all correspondence concerning this matt  | er to the | tottowing:                      |  |   |                                |  |
|  | Denise Cottle  |           |                                 |  |   |                                |  |
| Name of Person   |  |           |                                 |  |   |                                |  |
| Crow Holdings Capital Partners, L.L.C.                             |  |           |                                 |  |   |                                |  |
| Firm/Company   |  |           |                                 |  |   |                                |  |
| 3819 Maple Avenue  |  |           |                                 |  |   |                                |  |
| Address  |  |           |                                 |  |   |                                |  |
| Dallas, Texas 75219  |  |           |                                 |  |   |                                |  |
| City/State and Zip Code  |  |           |                                 |  |   |                                |  |
| dcottle@crowholdings.com   |  |           |                                 |  |   |                                |  |
| E-mail address: (to be used for future annual report notification) |  |           |                                 |  |   |                                |  |
| For further i  | nformation concerning this matter, please  | call:     |                                 |  |   |                                |  |
|  | David Crites   |           | 214<br>_ at (                   | `  | 661-8228  |                                |  |
| •  | Name of Contact Person   |           | Area Code                       | Day  | time Telephone Number   |                                |  |
| Div<br>Reg<br>P.C  | AILING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314 |           |                                 | Division of Registration Boundary 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 |                                |  |
|  | a check for the following amount:<br>\$125.00 Filing Fee                                 |           | S155.00 Filin<br>Certified Copy | g Fee &                                    | ☐ \$160.00 Filing Fee, Ce of Status & Certified Cop                           |                                |  |

## 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: CH MF BTH II/Ft Lauderdate Tarpon River, L.L.C. (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.") Delaware Application pending (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 2/13/2018 (Date first transacted business in Florida, it prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 3819 Maple Avenue, Dallas, Texas 75219 (Street Address of Principal Office) 3819 Maple Avenue, Dallas, Texas 75219 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee \_\_\_\_, Florida 32301 (Zip code) 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.

Corporation Service Compan Roxanne Turner Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: SCH 118 Tarpon River, L.P. 3889 Maple Avenue, Dallas, Texas 75219 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.

Nadia Petrova, Vice President of Residential LTH GP, L.L.C., general panner of SCH 118

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CH MF BTH II/FT LAUDERDALE TARPON

RIVER, L.L.C." 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 FOURTEENTH DAY OF

FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH MF BTH II/FT LAUDERDALE TARPON RIVER, L.L.C." WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202148118

Date: 02-14-18

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