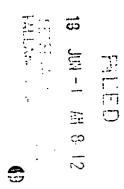
M18000005187

(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:						

Office Use Only



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O SIMMONS

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500										
ACCOUNT NO. : I2000000195										
REFERENCE : 239201 7906691										
AUTHORIZATION: Spelle Box										
COST LIMIT : \$ 125.00										
ORDER DATE : June 1, 2018										
ORDER TIME : 2:50 PM										
ORDER NO. : 239201-020										
CUSTOMER NO: 7906691										
FOREIGN FILINGS										
NAME: 2018-3 IH BORROWER GP LLC										
XXXX QUALIFICATION (TYPE: <u>LP</u>)										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING										
CONTACT PERSON: Emily Croft EXT# 62925										
EXAMINER:										

CORPORATION SERVICE COMPANY

COVER LETTER

TO: Registration Section

Divi	sion of Corporation	ons							
SUBJECT:	2018-3 Borrower	GP LLC							
	Name of Limited Liability Company								
The enclosed Existence, and	"Application by Fo d check are submitt	oreign Limited Liability Com ed to register the above refer	pany for Authoriza renced foreign limi	ation to Tr ted liabili	ransact Business in Florida," ty company to transact busin	Certificate of ess in Florida			
Please return	all correspondence	concerning this matter to the	following:						
	An	itra Fludd							
		N	Tame of Person						
	Invi	tation Homes							
	Firm/Company								
	1717 Main Street, Suite 2000								
Address									
	Dall.	as, Texas 75201							
		City/S	itate and Zip Code						
	anits	a.fludd@invitationhomes.co	om						
		E-mail address: (to be use	d for future annual	герогт по	tification)				
For further inf	ormation concernir	ig this matter, please call:							
	Anitra Fluc	ld	972 at (421-3	3513				
	Name	of Contact Person	Arca Code	Day	rtime Telephone Number				
Divis Regis P.O. I	LING ADDRESS: ion of Corporation: tration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding centive Center Circle see, FL 32301				
	theck for the follow 25,00 Filing Fee	ring amount: \$\int \\$130.00 \text{Filing Fec & Certificate of Status}	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer 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:

1.	2018-3 IH Borr	ower GP LLC Limited Liability Company; must include "Limi	ter! Lushilite	Corporate "T. I. C. " or "J. C."			_
	(Name of Foreign	control channel (uniquely, must morate com	ta. c.monity	Company, C.C.C., W. CEC.)			
(11	name unavailable, easer alternate a	ame adopted for the purpose of transacting business in F	lorida. Tuz alte	errate name must include "Limited Liability Co	прапу," "L. L.	C." or "1.1	C.")
2.	Delaware		3.				
	(Jurisdiction under the law of w	luch farcien linued liability company is arganized)		(Fb) manber, if ap	plicable)		•
4.		(Date first transacted business in Florida, if prior t	a mercuration)				
		(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	nine peralty li	ability)			
5.	c/o Invitation Homes		6	c/o Invitation Homes	7.00	ᄚ	_
	(Succe Address of Principal Orlice) 1717 Main Street, Suite 2000			(Mading Address) 1717 Main Street, Suite 2000	(m 5.3	_	
	Dallas, Texas 75201			Dallas, Texas 75201		=	- 7
			-		- :	— 	Γ.
7.	Name and street address	s of Florida registered agent: (P.O. Bo	x <u>MOT</u> ac	rceptable)	•		<u>(1)</u>
	.,	Corporation Service Company				-	فردا
	Name:					Ċ	
	Office Address:	1201 Hays Street			_	13	
		Tallahassee		, Florida 32301	8		
	egistered agent's accep	(City)		(Zip codt)			
8.	The name, title or capa Title or Capacity: Sole Member	Corporation Service Company By: (Registered gent's serity and address of the person(s) who h Name and Address: 2018-3 1H Equity Owner LL	as/have du <u>Titl</u>			ddress:	
		c/o Invitation figures 1717 Main Street. Suite 2000 Dully, Tokas 75201	_				
(U	se attachments if necess	sary)	-				
jur of: 10.	isdiction under the law of the translator must be sulfither than the sulfither than the translator must be seen the translator must be seen the translator must be seen than the translator must be seen that the translator must be sufficient to the translator must be suf	of existence, no more than 90 days old, of which it is organized. (If the certificat bmitted) tted in accordance with section 605 020, the Department of State constitution the	te is in a fo	oreign language, a translation of oreign language, a translation of oreign language.	the certific	ate und	er oath
			f an authoriz				
		Julianne Blanchette					
	•	Typed or	printed name	of signee			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2018-3 IH BORROWER GP 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 SEVENTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2018-3 IH

BORROWER GP LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D.

2018.

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

al soon delaware gov/auth

Authentication: 202715573

Date: 05-17-18

6889356 8300 SR# 20183924950