(Requestor's Name)
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: SOLIS APTS AT BALLAST POINT, LLC

Ref. Number: W18000063088

Corrected for allow date please will be allowed a like the state of th

We have received your document for SOLIS APTS AT BALLAST POINT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity to serve as registered agent must read as it does on our data base? Please correct to read "UNISEARCH, INC.".,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cally (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 318A00014239

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE7/10/2018	<u> </u>			
			**U	VALK IN**
ENTITY NAME	SOLIS APTS AT BALL	AST POINT, LLC		
DOCUMENT NUMBI	ER			
	**PLEASE FILE THE A	ATTACHED AND RETURN**		
	Plain Copy			
<del></del>	Certified Copy			,
XXXXXX	Certificate of Status		. 0	
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			: 12 :	
	**PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE EN	•	
	Certified Copy of Arts &	Amendments		
	Certificate of Good Standing			
	**APOSTILLE' / NOT	TARIAL CERTIFICATION*	*	_
COUNTRY OF DESTI	NATION			
NUMBER OF CERTIF	FICATES REQUESTED			
TOTAL OWED \$1	30.00	снеск # <sup>5027</sup>		
Please call Tina a	at the above number for any	y issues or concerns. Th	<b>iank you</b> so much	:/

#### COVER LETTER

SUBJECT: S	olis Apts at Ballas	t Point, LLC			_		
3020801		Name of I	Limited Liability (	ompany			
The enclosed ". Existence, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authoriza aced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate o less in Florida	f a
Please return al	Il correspondence	concerning this matter to the	following:				
	: Annie Zettel						
		Ni	ame of Person				
	Steckbauer We	einhart, LLP				: <u>53</u>	
	<del></del>	Fi	rm/Company			·	المالية
	333 South Hop	e Street, 36th Floor				: 10	, 
			Address			·	
	Los Angeles, (	CA 90071				ດັນ	أوررنا
		City/S	tate and Zip Code			~ 2	l
	azettel@swcsq.c						
		E-mail address: (to be used	for future annual	report not	ification)		
For further info	ormation concerning	ng this matter, please call:					
Anni	e Zettel		213 at (	687-75 			
	Name	of Contact Person	Area Code	Day	time Telephone Number		
Divis Rogis P.O. I	LING ADDRESS ion of Corporation stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section wilding centive Center Circle see, FL 32301		
	check for the follow 25.00 Filing Fee	wing amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filid Certified Copy		☐ \$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Solis Apts at Ballast Poi					_
(Name of Fore	ign Limited Liability Company; must include	• "Limited Liability Company," "L.L.C.," o	t "LLC."	')	
(If name unavailable, enter alt Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans	sacting business in Florida. The alternate na	me must	include "Lin	mited
2. Delaware					
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI number, if applicable	e)	<u>-</u>	_
4. <sup>п/a</sup>			_		
- <del></del>	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)			
5. 22144 Clarendon Stree	t, Suite 303		<del></del> -		
Woodland Hills, CA 91			_	,	
6. 22144 Ciarendon Street	(Street Address of Principal , Suite 303	Office)			
Woodland Hills, CA 9				23	
	(Mailing Address)		<u>-</u> "		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	?	ئىــــــــــــــــــــــــــــــــــــ	ه ه حسین محمد د
Name:	Unisearch, Inc.	·	,	0	
	155 Office Plaza Drive	<del></del>	•	Þ	(r
Office Address:				ښ	
	Tallahassee, (City)	, Florida 32301 (Zip code)	_	2	
designated in this applicate to complywith the provision accept the obligations of t	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper my position as registered agent.	s registered agent and agree to act in t and complete performance of my duti Carol Berg, Asst. Secretary	his capa	icity. I fur	ther agree
	$\mathbf{O}$				
•	ecity and address of the person(s) who ha	· -			
	roup, Inc., Attn: Marc Gordon, EVP and			<del></del> ·	
22144 Clarendon Street, S	Suite 303				
Woodland Hills, CA 9136	57				
	· · · · · · · · · · · · · · · · · · ·		of the c		
	d in accordance with section 605.0203 (1)	) (b), Florida Statutes. I am aware that a	ıny false		n
submitted in a document to	o the Department of State constitutes a th Annie Zettel	ira degree leiony as provided for in s.8	17.155,	r.S.	
	Typed or printed n	ame of signee	_		

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOLIS APTS AT BALLAST POINT, 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 NINTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLIS APTS AT BALLAST POINT, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2018.

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

6936363 8300 SR# 20185552074

You may verify this certificate online at corp.delaware.gov/authver.shtml

A Survivian Surv

Authentication: 203024581

Date: 07-09-18