

M18000001415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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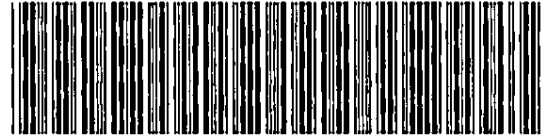
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apts of Lake Wales MM, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rebecca Ford

Name of Person

Pillar Income Asset Management, Inc.

Firm/Company

1603 LBJ Freeway, Suite 800

Address

Dallas, Texas 75234

City/State and Zip Code

legal.department@pillarincome.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Ford

469

522-4478

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

Please Note:

Enclosed is a return Fed Ex envelope for your use
in returning file-stamped copies of the documents
to me.

Please contact me with any questions. Thanks!

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Apts of Lake Wales MM, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")
Apartment of Lake Wales MM, LLC
(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. not yet assigned
(LLC number, if applicable)

4. _____
(If one first transacted business in Florida, if prior to registration, see sections 605.0604 & 605.0605, F.S., to determine perky liability)

5. 1603 LBJ Freeway, Suite 800
(Street Address of Principal Office)
Dallas, TX 75234

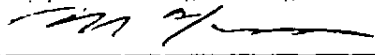
6. 1603 LBJ Freeway, Suite 800
(Mailing Address)
Dallas, TX 75234

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, FL Florida 33324
(City) (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 comply with 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.



(Registered agent's signature) Michael Jones, Assistant Secretary

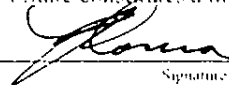
8. The name, title or capacity and address of the person(s) who has have authority to manage is are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	<u>Louis J. Corna</u> <u>1603 LBJ Freeway, Suite 800</u> <u>Dallas, TX 75234</u>	Manager	<u>Daniel J. Moos</u> <u>1603 LBJ Freeway, Suite 800</u> <u>Dallas, TX 75234</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.



(Signature of an authorized person)
Louis J. Corna
(Typed or printed name of signer)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APTS OF LAKE WALES MM, 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 THIRD DAY OF AUGUST, A.D. 2018.

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



7001890 8300

SR# 20186001955

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203184781

Date: 08-03-18