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9/14/2018

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREKIN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NREA SE2 West Place Leaseco, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o: "LLC.") off name treat-aliable, enter alternate name adopted for the purpose of transacting begins in Florida. The alternate mane must include "Limited Liability Company," "L.L.C." or "L1 C.") Delaware (FE) number, it applicable) (Jurisdiction under the law of which foreign limited hability company is organized) Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 300 Crescent Court, Suite 700 300 Crescent Court, Suite 700: (Mailing Additions) (Street Address of Pimerpal Office) Dallas, TX 75201 Dallas, TX 75201 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Florida 33324 (Zip code) Plantation 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. C.T. Corporation System Michael E. Jones Bv: (Registered agent's signature) 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: Name and Address: Title or Capacity: NREA SE Multifamily, LLC Managing Member 300 Crescent Court, Suite 700 Dallas, TX 75201 (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 thit degree felony as provided for in 8.817.155, F.S. Simutare of an application person Matt McGraner

Typed or printed name of signee



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NREA SE2 WEST PLACE LEASECO, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

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

Authentication: 203423106

Date: 09-14-18

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SR# 20186659105