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| (Requestor's Name) | | | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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September 17, 2018

Sent via UPS Overnight

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

Re:

Taurus CD 200 Orlando Residential I LP

Taurus CD 200 Orlando Residential I GP LLC

Dear Sir/Madam:

Enclosed herewith please find Applications and checks for Authorization to Transact Business in the State of Florida for the above entities. Please do not hesitate to contact me with any questions.

Thank you for your anticipated cooperation.

Very truly yours,

Michael B. Brodigan

MBB:am Enclosures

COVER LETTER

TO:

Registration Section

| Div | ision of Corporation | ns | | | | |
|--|---|---|--|---|--|--|
| SUBJECT: | | ORLANDO RESIDENTIAI | L I GP LLC | | | |
| | | Name of Limited Liability Company | | | | |
| | | | | ransact Business in Florida," Certificate of ty company to transact business in Florida. | | |
| Please return | all correspondence | concerning this matter to the | following: | | | |
| | Michael B. Br | odigan | | | | |
| | Name of Person | | | | | |
| | Brodigan and Gardiner LLP | | | | | |
| | Firm/Company | | | | | |
| | 40 Broad Street | | | | | |
| Address | | | | | | |
| | Boston, MA 02109 | | | | | |
| | City/State and Zip Code | | | | | |
| | mbrodigan@bro | diganlaw.com | | | | |
| | | E-mail address: (to be use | d for future annual report no | tification) | | |
| For further in | formation concerning | ng this matter, please call: | | | | |
| Michael B. Brodigan | | 617 542-18 | 371 | | | |
| | Name (| of Contact Person | Area Code Day | ytime 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 | | | | |
| | check for the follow 125.00 Filing Fee | ring amount: ■ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy | □ \$160.00 Filing Fee, Certificate 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. TAURUS CD 200 ORLANDO RESIDENTIAL I GP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "IJC.") (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 "LL.C," or "LL.C," 2. DELEWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine pensity liability) 5, c/o Taurus Investment Holdings, LLC 6. c/o Taurus Investment Holdings, LLC (Mailing Address) (Street Address of Principal Office) 610 Wymore Road, Suite 200 Two International Place, Suite 2710 Boston, MA 02.110 Maitland, FL 32751 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Linda Kassof Name: 610 N. Wymore Road, Suite 200 Office Address: Maitland 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 to comply with the provisions of an stanues remove to the provisions of my position as registered agent.

AM KINICO

(Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address; Title or Capacity: Name and Address: Title or Capacity: PLEASE SEE ATTACHED (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 CINOA G.KASSOT

Typed or printed name of signee

8. <u>Title or Capacity:</u> <u>Name and Address:</u>

Manager Peter Merrigan

c/o Taurus Investment Holdings LLC Two International Place, Suite 2710

Boston, MA 02110

Manager Erik Rijnbout

c/o Taurus Investment Holdings LLC Two International Place, Suite 2710

Boston, MA 02110

Manager Lorenz Reibling

c/o Taurus Investment Holdings LLC Two International Place, Suite 2710

Boston, MA 02110

Manager Guenther Reibling

c/o Taurus Investment Holdings LLC Two International Place, Suite 2710

Boston, MA 02110

Manager Linda Kassof

c/o Taurus Investment Holdings LLC

610 N. Wymore Road, Suite 200

Maitland, FL 32751

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TAURUS CD 200 ORLANDO RESIDENTIAL I 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 203415016

Date: 09-13-18