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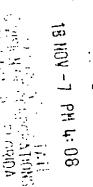


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EXAMINER



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 474363 4301938			
AUTHORIZATION: Spelle Renami			
COST LIMIT : \$ 125'.00			_
ORDER DATE: November 7, 2018			
ORDER TIME : 2:08 PM			
ORDER NO. : 474363-005			
CUSTOMER NO: 4301938			
			-
FOREIGN FILINGS		2016 N	
NAME: RENEW AH LANDLORD LLC	RETARY OF STATE NHASSEE:FLORID	AH	
XXXX QUALIFICATION (TYPE: <u>LL</u>)	IATE ORIO:	8: 57	•
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:

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. ReNew AH Landlord LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," 'L.L.C.," or "LLC.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C," o Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) One SeaGate (Mailing Address) (Street Address of Principal Office) Suite 1500 Toledo, Ohio 43604 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: Office Address: 1201 Hays Street <u>Tallahassee</u> 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. **Emily Croft** Corporation Service Company 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: Title or Capacity: Name and Address: ReNew AH Sub-REIT Sole Member One SeaGate, Suite 1500 Toledo, Ohio 43604 (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 Steven W. Schroeder, Authorized Person Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RENEW AH LANDLORD 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 SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENEW AH LANDLORD LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

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

at corn delaware poy/aut

Authentication: 203849448

Date: 11-07-18