## Florida Department of State

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## Foreign Limited Liability Company CSMA SFR TRS Holdings III, LLC

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Help

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

IN COMPLIANCE WITH SECTION 605.0502 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

(Name of Fore.gr	lings III, LLC (Limited Liability Company: must include "La	mited Liability Company," "L.L.C.," or "I	IC'N	
	, , , , , , , , , , , , , , , , , , ,	and teaminy outspeny, general, or t		
	sours adopted the the purpose of messacing business a	n Florida. The alternate name must include "Line	ted Limbility Company," "L.L.C," or "LLC.")	
2. Delaware (fundiction under the law of w	litch through healtry fembury company is organized)	3. <u>\$3-2407894</u>	I number, if applicable)	
4. Upon Qualification		•		
	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to do	or to row strution.) termina penalty lintallity)		
5. c/o FirstKey Homes, I	LLC, 1850 Parkway Place	6. Same	mg Address	
Marietta, GA 30067	The spin Office;		at vinence)	
	<u></u>			
	ss of Florida registered agent: (P.O. E	Box NOT acceptable)		
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida <u>33324</u>		
	ions of all statictes relative to the pro			
8. The name, title or cap	By: CT Corporation System  (Reprinted agree)  acity and address of the person(s) who			ry
	By: CT Corporation System (Regneral age	has/have authority to manage is/o	_ <del></del>	ry
8. The name, title or cap <u>Title or Capacity:</u>	By: CT Corporation System (Regnered age acity and address of the person(s) who Name and Address;	Title or Conscity;	are: Name and Address;	ry
8. The name, title or cap <u>Title or Capacity:</u>	By: CT Corporation System (Represed age acity and address of the person(s) who Name and Address:  Daniel Choquette  875 Third Avenue	Title or Conscity;	are: Name and Address; Mare Toscano	ry
8. The name, title or cap Title or Capacity: MANAGER	By: CT Corporation System (Represed agree acity and address of the person(s) who Name and Address:  Daniel Choquette  875 Third Avenue New York, NY 10022  Jeffrey Mayer  375 Third Avenue New York, NY 10022	Title or Conscity;	are: Name and Address; Mare Toscano	ry
8. The name, title or cap Title or Capacity: MANAGER  MANAGER  (Use attachments if necess 9. Attached is a certificate	By: CT Corporation System  (Regeneral age acity and address of the person(s) who Name and Address:  Daniel Choquette  875 Third Avenue New York, NY 10022  Jeffrey Mayer 375 Third Avenue New York, NY 10022  stary)  ref existence, no more than 90 days of of which it is organized. (If the certification of the companied of the certification of the	MANAGER  Id, duly authenticated by the offici	Marie and Address;  Mare Toscano  875 Third Avenue New York, NY 10022	ry
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CSMA SFR TRS HOLDINGS III, 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018.

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

SELVENCE PH 1: 55

7128091 8300

SR# 20187770719

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

Authentication: 203951527

Date: 11-21-18