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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 511609 4311863

AUTHORIZATION :

COST LIMIT : \$ 125.00 Man

ORDER DATE: December 3, 2018

ORDER TIME : 1:23 PM

ORDER NO. : 511609-015

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: SUN POINTE LAKE APARTMENTS

OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

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:

COVER LETTER

| TO: | | ation Section 1 of Corporation | s | | | | | |
|-------------------------------|---------------------------------------|--|--|------------------------------------|--|--|-----------------------------|--|
| SUBJI | | Pointe Lake Ap | artments Owner LLC | | | | • | |
| | | | | Limited Liability (| Сотрапу | | | |
| The en Exister | closed "A _l nee, and ch | pplication by For- eck are submitted | eign Limited Liability Comp d to register the above refere | cany for Authoriza | tion to Tra ed liability | insact Business in Florida," Ce company to transact business | rtificate of in Florida. | |
| Please | return all | correspondence c | oncerning this matter to the | following: | | | | |
| | | Sheldon Bender | | | | | | |
| Name of Person | | | | | | | | |
| Blank Rome LLP | | | | | | | | |
| | Firm/Company | | | | | | | |
| One Logan Square, Third Floor | | | | | | | | |
| Address | | | | | | | | |
| | Philadelphia, PA 19103-6998 | | | | | | | |
| | | | City/S | tate and Zip Code | | | 177 | |
| | - | | E-mail address: (to be use | d for future annual | report not | • • | سرعود | |
| For fu | rther infor | mation concerning | g this matter, please call: | | | 000 | | |
| | Sheldon Bender | | | 215 at (| 569-54 | 06 | | |
| | - | Name o | f Contact Person | Area Code | Day | time Telephone Number | | |
| | Division Registra P.O. Bo | NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section uilding cutive Center Circle sec, FL 32301 | | |
| Enclos | | eck for the follow 6.00 Filing Fee | ing amount: \$\Bigsize \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | | ☐ \$160.00 Filing Fee, Certi of Status & Certified Copy | ficate | |

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. Sun Pointe Lake Apartr (Name of Foreign | ments Owner LLC Cimited Liability Company; must include "Limited | Liabilii | y Company," "L.L.C.," or "LLC.") | | | | |
|---|--|-----------------------------|---|---|-----------------|--|--|
| (If name unavailable, enter alternate m | arne adopted for the purpose of transacting business in Flor | ida. The s | Iternate name must include "Limited Liability Cor | mpany," "L.L.C," or "LLC,") |) | | |
| 2. Delaware (Jurisdiction under the law of wh | uch foreign lumited liability company is organized) | 3. | 3(FEI number, if applicable) | | | | |
| 4 | (Date first transacted business in Florida, if prior to r | egistratio | 3) | | | | |
| 5. c/o 107 S. 2nd Street | (See sections 605,0904 & 605,0905, F.S. to determine | | c/o 107 S. 2nd Street | | | | |
| (Street Address of P Suite 500 | rescipal Office) | (Mailing Address) Suite 500 | | | | | |
| Philadelphia, PA 19100 | 5 | Philadelphia, PA 19106 | | | | | |
| 7. Name and street address | s of Florida registered agent: (P.O. Box | <u>NOT</u> | acceptable) | | | | |
| Name: | Corporation Service Company | | . | | | | |
| Office Address: | 1201 Hays Street | | | جوء | | | |
| Registered agent's accep | Tallahassee (City) | | , Florida 32301 (Zip code) | | | | |
| and accept the obligation. | corporation as registered agent. Corporation Service Company By: (Reguered agent's calculus and address of the person(s) who have a service and Address: | signature as/have | Emily Croft Asst. Vice Preside | nt 3 | כ | | |
| Member | McKinley Portfolio Venture LLC c/o 107 S. 2nd Street, Suite 500 Philadelphia, PA 19106 | : - - | | | | | |
| | | - - | | | | | |
| (Use attachments if neces | ssary) | | | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) | duly a te is in | uthenticated by the official having a foreign language, a translation of | custody of records in the certificate unde | ı the r oath | | |
| 10. This document is exect submitted in a document to | outed in accordance with section 605.020, the Department of State constitutes of the Devaluation of State Constitutes of the Court of t | iird deg) | ree felony as provided for in s.817 | any false information 155, F.S. | n | | |
| | Signature | of an aut | borized person | | | | |
| | Sheldon Bender | | | _ | | | |
| | Typed or | r printed (| same 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 "SUN POINTE LAKE APARTMENTS OWNER 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 DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUN POINTE LAKE APARTMENTS OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 204012522

Date: 12-03-18

7159090 8300 SR# 20187932657