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3/26/2019

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Name:	Mill Creek Residential Services LLC (DE)				
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Thank you!

COVER LETTER

TO:	egistration Section ivision of Corporations					
SUBJE	Mill Creek Residential Services LLC					
	Name of Limited Liability Company					
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific and check are submitted to register the above referenced foreign limited liability company to transact business in Fl					
Please r	rn all correspondence concerning this matter to the following:					
	Charlotte E. Wolverton					
	Name of Person					
	Jones Day					
	Firm/Company					
	2727 N. Harwood Street, Suite 600					
	Address					
	Dallas, Texas 75201					
	City/State and Zip Code					
	aestes@mcrtrust.com					
	E-mail address: (to be used for future annual report notification)					
For furt	information concerning this matter, please call:					
	Charlotte E. Wolverton, Jones Day Paralegal 214 969-4567					
	Name of Contact Person Area Code Daytime Telephone Number					
	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Bigsquare S130.00 Filing Fee & Bisson Filing Fee & Bisson Filing Fee & Bisson Filing Fee & Certificate of Status & Certified Copy 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:

Mill Creek Residential !				
(Name of Foreign 1	amited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	orida. The a	Iternate name must include "Limited Liability Co	ompany," "L.L.C," or "LLC "
Delaware		3.	38-3896712	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)		(FEI number, if a	oplicable)
Upon qualification				
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration ine penalty	i) liabilay)	-
777 Yamato Road		6	5910 N. Central Expressway	
(Street Address of P	rincipal Office)	0,	(Mailing Address)	
Suite 401			Suite 1100	
Boca Raton, FL 33431	· · · · · · · · · · · · · · · · · · ·		Dallas, TX 75206	
7. Name and street addres	s of Florida registered agent: (P.O. Box	C <u>NOT</u> :	acceptable)	2019 HAS
Name:	C T Corporation System			15.25
Office Address:	1200 South Pine Island Road			89 ·
	Plantation	_	33324 , Florida	 -
	(City)		(Zip code)	_

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	on System			
By:	12	2	Michael E. Jones, Assistant Secretary		
(Pagetared quant's supported)					

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: MCRT Operating Company LLC Name: Alan E. Kolar Manager Manager Address: 225 E. Robinson Street Address: ____ Member | **⊠**Member Suite 360 Suite 1100 ★ Authorized Authorized Orlando, FL 32801 Dallas, TX 75206 Person Person Other_____ Other_ Other_ __Other____ Name: _____ Manager Name: _____ Manager Member Address: ______ Member Authorized Authorized Person Person Other____ __Other____ Other_____ Other Manager Name: _______ Manager Address: Member Member Address: _________ Authorized Authorized Person Person တ __Other_____ Other_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. alan Z. Kolan Alan E. Kolar

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MILL CREEK RESIDENTIAL SERVICES 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-FIFTH DAY OF MARCH, A.D. 2019.

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



Authentication: 202514067

Date: 03-25-19

5133069 8300 SR# 20192260150