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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 777615 7210084

AUTHORIZATION : Spelle Read

COST LIMIT : \$\frac{1}{2}\frac{5}{.00}

ORDER DATE: May 22, 2019

ORDER TIME : 9:19 AM

ORDER NO. : 777615-005

CUSTOMER NO: 7210084

FOREIGN FILINGS

NAME: TOWNSEND APARTMENTS WEST, 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: Roxanne Turner -- EXT# 62969

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. Townsend Apartme (Name of Foreign	nts West, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "Lt.C.")	
	arne adopted for the purpose of transacting business in Flori	the aremate name must include "Elimited List	burry Company, ""LLC," or "ELL; ")
2. Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	er, if applicable)
4 Upon registration	······································	(i 2) iai	or approximately
4. <u></u>	(Date first transacted business in Florida, if prior to re	gistration.)	
c/o FCP	(See sections 605.0904 & 605.0905, F.S. to determin	• •	
(Street Address of I	rescion Office)	6. c/o FCP (Mailing Adds	
4445 Willard Ave., Ste	•	4445 Willard Ave., Ste. 900	4-44
Chevy Chase, MD 20815		Chevy Chase, MD 20815	
, , , , , , , , , , , , , , , , , , , ,			<u> </u>
7 Managan January adding	and the state of t	NOT	الله الله الله الله الله الله الله الله
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOI acceptable)	~:≠
Name:	Corporation Service Company		1.2
	1201 House Street		**
Office Address:	1201 Hays Street		5
	Tallahassee	, Florida32301	
Registered agent's accep	(City)	{Zip code	:)
to comply with the provisi	ons of all statutes relative to the proper a	regisierea agent and agree to act i and complete performance of my a	in this capacity. I further agree luties, and I am familiar with
to comply with the provisi	ons of all statutes relative to the proper as softmy position as registered agent. (Registered agent's significant agent's si	and complete performance of my of Roxanne Asst. Vice F	duties, and I am familiar with Turner
to comply with the provisions and accept the obligations 8. The name, title or capa	s of all statutes relative to the proper as of any position as registered agent. (Registered agent's signification and address of the person(s) who has	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are:	futies, and I am familiar with Turner President
to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	(Registered agents as in the proper of the person(s) who has name and Address:	Roxanne Asst. Vice F	duties, and I am familiar with Turner
to comply with the provisions and accept the obligations 8. The name, title or capa	cons of all statutes relative to the proper of a of my position as registered agent. (Registered agent's significant and address of the person(s) who has Name and Address; FCP Fund IV Trust	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are:	futies, and I am familiar with Turner President
to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	(Registered agents as in the proper of the person(s) who has name and Address:	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are:	futies, and I am familiar with Turner President
to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	(Registered agents statutes of the proper of softmy position as registered agents (Registered agents statutes and address of the person(s) who has Name and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are:	futies, and I am familiar with Turner President
8. The name, title or capa Title or Capacity: Sole Member	(Registered agent's significant of the proper of softmy position as registered agent. (Registered agent's significant of the person(s) who has been and Address; FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen Lacy Rice	Roxanne Roxanne Asst. Vice F grature) /have authority to manage is/are: <u>Title or Capacity:</u>	Auties, and I am familiar with Turner President Name and Address: 4445 Willard Avenue Suite 900
8. The name, title or capa Title or Capacity: Sole Member	(Registered agent's significant of the proper of softmy position as registered agent. (Registered agent's significant of the person(s) who has been and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen	Roxanne Roxanne Asst. Vice F grature) /have authority to manage is/are: <u>Title or Capacity:</u>	futies, and I am familiar with Turner President Name and Address: 4445 Willard Avenue
8. The name, title or capa Title or Capacity: Sole Member	cons of all statutes relative to the proper of a of my position as registered agent. (Registered agent's significant of the person(s) who has name and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen Lacy Rice Thomas Carr	Roxanne Roxanne Asst. Vice F grature) /have authority to manage is/are: <u>Title or Capacity:</u>	Auties, and I am familiar with Turner President Name and Address: 4445 Willard Avenue Suite 900
8. The name, title or capa Title or Capacity: Sole Member Trustees (Use attachments if necess 9. Attached is a certificate	cons of all statutes relative to the proper of a of my position as registered agent. (Registered agent's signature and address of the person(s) who has name and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen Lacy Rice Thomas Carr Sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	Roxanne Roxanne Asst. Vice f grature) //have authority to manage is/are: Title or Capacity: Alex Marshall	Name and Address: 4445 Willard Avenue Suite 900 Chevy Chase, MD 20815
8. The name, title or capa Title or Capacity: Sole Member Trustees (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is execut	cons of all statutes relative to the proper of a of my position as registered agent. (Registered agent's signature and address of the person(s) who has name and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen Lacy Rice Thomas Carr Sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted) atted in accordance with section 605.0203 (atted in accordance with section 605.0203)	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are: Title or Capacity: Alex Marshall uly authenticated by the official havis in a foreign language, a translation (1) (b), Florida Statutes. I am aware	Name and Address: 4445 Willard Avenue Suite 900 Chevy Chase, MD 20815 ving custody of records in the on of the certificate under oath
8. The name, title or capa Title or Capacity: Sole Member Trustees (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is execut	cons of all statutes relative to the proper of a of my position as registered agent. (Registered agent's signature and address of the person(s) who has name and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen Lacy Rice Thomas Carr Sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are: Title or Capacity: Alex Marshall uly authenticated by the official havis in a foreign language, a translation (1) (b), Florida Statutes. I am aware	Name and Address: 4445 Willard Avenue Suite 900 Chevy Chase, MD 20815 ving custody of records in the on of the certificate under oath
8. The name, title or capa Title or Capacity: Sole Member Trustees (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is execut	(Registered agent's signature of the proper of softmy position as registered agent.) (Registered agent's signature of the person(s) who has been and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen Lacy Rice Thomas Carr sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted) atted in accordance with section 605.0203 (the Department of State constitutes a third	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are: Title or Capacity: Alex Marshall uly authenticated by the official havis in a foreign language, a translation (1) (b), Florida Statutes. I am aware degree felony as provided for in second common contents.	Name and Address: 4445 Willard Avenue Suite 900 Chevy Chase, MD 20815 ving custody of records in the on of the certificate under oath
8. The name, title or capa Title or Capacity: Sole Member Trustees (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is execut	(Registered agent's signature of the proper of softmy position as registered agent.) (Registered agent's signature of the person(s) who has been and Address: FCP Fund IV Trust 4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815 Esko Korhnonen Lacy Rice Thomas Carr sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted) atted in accordance with section 605.0203 (the Department of State constitutes a third	Roxanne Roxanne Asst. Vice F grature) //have authority to manage is/are: Title or Capacity: Alex Marshall uly authenticated by the official havis in a foreign language, a translation (1) (b), Florida Statutes. I am aware	Name and Address: 4445 Willard Avenue Suite 900 Chevy Chase, MD 20815 ving custody of records in the on of the certificate under oath



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

DELAWARE, DO HEREBY CERTIFY "TOWNSEND APARTMENTS WEST, 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-SECOND DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOWNSEND APARTMENTS WEST, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2019.

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

Authentication: 202880592

Date: 05-22-19