Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6383		٠. <u>-</u>
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	Account Number : FCA880000023	3.3.2	_
	Phone : (614)280-3338 Fax Number : (954)208-0845		
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

and accept the obligations of my position as registered agent.

came unavailable enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name mi	st victude "Linguised Limbilis	y Company,"	"LULLC," o	r "14,C."
				<u>-</u>		
Delaware		7			ر <u>ت</u>	•-
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number,	il applicable)	<u> </u>	
	• • • •			÷ .		••
				<i></i>	C:J	: -
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	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to deten	o registration.)		<del></del> '.	3	. 1
	(See sections 603 0904 & 605 0905, F.S. to deter			1-		1."
2525 E. Camelback Re	oad Suite 500	2525 E. C	melback Road, Su	ile 500	<del></del>	•
		6	(Mailing Address	<u> </u>	(.)	
(Street Address of	Principal Office)		(Mailing Address	} <del>`</del>		
		701 4	rizona 85016			
Phoenix, Arizona 8501	I D					
				<del></del>		
	es of Florida registered agent: (P.O. Bo		1120118 83010			
Name and street address Name:	es of Florida registered agent: (P.O. Bo		1120118 83010			
Name:	es of Florida registered agent: (P.O. Bo		1120118 83010			
	es of Florida registered agent: (P.O. Bo:  C T Corporation System		1120118 83010			_ <del>_</del>
Name:	es of Florida registered agent: (P.O. Bo:  C T Corporation System	x <u>NOT</u> acceptable)	33324 rida			

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

(Registered agent's signature)

Joe Villeda/Asst Secretary

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:
Manager	Name: SHP VI Delray Investor LLC	Manager	Name: Holden Delmy Alliance, LLC
⊠Member	Address:Address:	Member	Address:c/o Alliance Residential Compan
Authorized	7 Giralda Farms	Authorized	2525 E. Camelback Road, Suite 500
Person	Madison, New Jersey (1794()	Person	Phoenix, Arizona 85016
Other	Other	Other	
☐Manager  ☐Member  ☐Authorized  Person	Name:	☐ Manager ☐ Member ☐ Authorized Person	Name: C. C. T. C. Address: C.
Other	Other	□Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

0		
1 1/2/200-	APON	
	Signature of an authorized person	
Jason C. Furedy	,	
	Typed or printed name of signer	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SHP VI/HOLDEN DELRAY 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 NINTH DAY OF JULY, A.D. 2019.

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

e at corp.delaware.gov/authv

Authentication: 203176264

Date: 07-09-19