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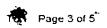
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Foreign Limited Liability Company DHIC - Waterleigh III, LLC

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APPLICATION BY FOREIGN LIMITED IJABILITY 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. DHIC - Waterleigh III, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LL.C.," or "L.C.") Of issue crassalable, order alternate mand adopted for the purpose of transacting transcents in Florida. The alternate name mass include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (form-declara species [bg law of which feed go ilmated bability company is organized) 1341 Horton Circle, Arlington, TX 76011 1341 Horton Circle, Arlington, TX 76011 5. (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Curporation System Name: 1200 South Pine Island Road Office Address: 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. Lisa D. DuBois, Assistant Secretary

Page 4 of 5

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: DHI Communities II, LLC Manager Name: Name: Manager 1341 Horton Circle Address: Member Address: **Member** Arlington, TX 76011 Authorized Authorized Person Person ___Other_____ Other___ Other____ Other___ Name: Name: Manager Manager Address: Member Address: Member Authorized Authorized Person Person _____Other____ ____Other_____ Other____ Other____ Manager Name: Namc: _____ Manager Address:._____ Member | Address: _____ Member Authorized Authorized Person Person Other____ Other_____ Other____ Oiher____ 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. By: DHI Complanities II, LLC, its sple prember interes. of an authorised person

Typed or printed signer of signer

Thomas B. Montano



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DHIC - WATERLEIGH 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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

c at corp delaware gov/authye

Authentication: 203577669

Date: 09-11-19