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To:	Division of Corporations Fax Number : (850)617-6383		SSEE, FLORIDA	-4 PM 4: 43	
From:	From:  Account Name : C T CORPORATION SYSTEM  Account Number : FCA000000023  Phone : (614)280-3338  Fax Number : (954)208-0845				ယ
	Fax Number : (954)208-0845				
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

マクルIPAN (できょうアネスり) にっしょ	TION 605.9902 FLORIDA SECUTIES, THE FOLL SINFAS IN THE STATE OF FLORIDA		স
3 SSQ Multifamily Phase	e II LLC	·' <sub>1</sub> ,	•
(Name of Fore	e II LLC cign Limited Liability Company; must include "I	amited Liability Company," "L.L.C.,"	or "I.L.C.")
(If name unavailable, enter a Liability Company," "L.L.C.	Itemate name adopted for the purpose of transact " or "LLC.")	ing business in Florida. The alternate	name must include "Limited
, Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ble)
4. Upon Registration			
4.	(Date first transacted business in Florid (See sections 605,0901 & 605,0905, F.S.)	a, if prior to registration.) to determine penalty liability)	<b>2019</b> 중단
5. 2800 Post Oak Blvd.,			E E
· · · · · · · · · · · · · · · · · · ·			4-5-4-1
Houston, Texas 77056	(Street Address of Principal Of	lier)	
6. Same as Above			
U. Viene Santania			TS IS T
	(Mailing Address)		
	·	OT - constitu	
7. Name and street addres	ss of Florida registered agent: $(P.O. Box N)$	()1 acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	. Florida 33324 (Zip code)	
Registered agent's accep		(Zip code)	<del></del>
Having been named as redesignated in this applicate complywith the provisi	egistered agent and to accept service of pro- tion, I hereby accept the appointment as re- lons of all statutes relative to the proper an- my position as registered agent. CT Corporation System	gistered agent and agree to act in	this capacity. I further agree ties, and I am familiar with an
O The course the again	acity and address of the person(s) who has/b		
	Phase II LLC, managing member	are annonly to manage is are.	
	ite 4800, Houston, Texas 77056		
2800 Pose Oak Bivol. 3th	ne 4500, riouscon, rexus 77050		
	TRAA	s in a foreign language, a translatio	
	Signature of an author		
This document is execute submitted in a document t	d in accordance with section 605.0203 (1) (b) to the Department of State constitutes a third	<ul> <li>Florida Statutes, I am aware that degree felony as provided for in s.</li> </ul>	any false information 817.155, F.S.
	Richard Heaton	a of single	
	Typed or printed nam	e or signee	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSQ MULTIFAMILY PHASE II 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 FOURTH DAY OF DECEMBER, A.D. 2019. AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204130831

Date: 12-04-19