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Foreign Limited Liability Company MM WINN JACKSONVILLE LLC

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. APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limite	d Liabilit	y Company," "[[C.," or "LLC.")		
	ame adopted for the purpose of transacting business in Flo				
nime imavadable, enter afternate ii	ame adopted for the purpose of transacting business in Flo	orida. The a	Iternate name must include "Limited Liabs	hty Company," "L.l	_ C," (st "LLC.
DELAWARE					
Alamadastran made the law of u	luch fareign hirated liability company is organized)	3.	(FE) numbe	r, (Lapplicable)	
Contraction and the law (A wi	mental and a state of the state		,		
				-1 1	
				<u>P</u> ;	;
	(Date first transacted business in Florida, if prior to (See sections 665 0904 & 605 09)5, F.S. to determ	registration	n) hability)		7019 DEC 11
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1000 MAINE AVENU		6.	(Mading Addre		
(Street Address of E	Principal Office)			_ لما	
AVA CALINICIPONI INC.	2021		1000 MAINE AVENUE, SV	TAC V STUTERSON	70 132
WASHINGTON, DC 2	20024		TROUBLING AVENUE, ST	1,304,E300	
				>	رب رب
			WASHINGTON, DC 20024	ID.A	Œ.
					
Name and street addres	ss of Florida registered agent: (P.O. Bo	K <u>NOT</u> :	acceptable)		
	CT CORPORATION SYSTEM				
Name:	er contolernon sistem				
	1200 SOUTH PINE ISLAND ROAD				
Office Address:					
	PLANTATION		33324		
	I DI MILITARIA		et. tu		
	(Cuy)		, Florida		

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.

Michael E Jones, Asst. Secretary

(Registered agent's significant)

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: ROSEVIEW - WINNRESIDENTIAL	Title or Capacity:	Name and Address:
Manager	Name: FUND II, I.C.	Manager	Name:
Member	Address:	Member	Address:
Authorized	1000 Maine Avenue, SW, Suite 300	☐ Authorized	
Person	Washington, DC 20024	Person	
Other	Other	Other	Other
			YALLAH Name:
Manager	Name:	Manager Manager	Name:
□Member	Address:	Member	Address: PH
Authorized		Authorized	
Person		Person	0RDn
Other	Other	Other	<u> </u>
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.

Signature of an authorized person

NICHOLE D. FLIPPEN, ESQ.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MM WINN JACKSONVILLE 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MM WINN JACKSONVILLE LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2019.

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

7692824 8300 SR# 20198735964 Authentication: 204253884

Date: 12-18-19

You may verify this certificate online at corp.delaware.gov/authver.shtml