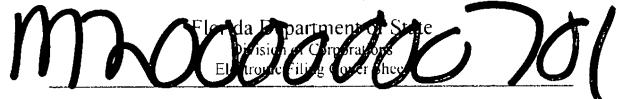
1/16/2020

Division of Corporations



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.

(((H200000174793)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

	Foreign Limited Liabili SREIT Vista Haven	• • •	SOUTH CAN
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•	Estimated Charge	\$155.00	
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Electronic Filing Menu Corporate Filing Menu

Help

JAN 17 2023 T. LEMEUN

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:

name mavailable, enter alternate r	ame adopted for the purpose of transacting business in Flor	rida. The al	ternate name tixist include "Lanked Liability Company," "L.L.C." or "LLC			
Delaware		3.				
(Jurisdiction under the law of w	nich fereign limited liability company is organized)		(FEI member, if applicable)			
	(Data that transacted humans in Florida 1) may to	stration	1			
	(Date tirst transacted business in Florida, it pinor to (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty	หุรคุณเห)			
1601 Washington Avenue		6	591 West Putnam Avenue			
(Street Address of Principal Office)		0.	(Mailing Address)			
Suite 800			reenwich, CT 06830			
Miami Beach, FL 331	99 					
	s_{Σ} of Florida registered agent: (P.O. Box	<u> 707</u> a				
	C T Corporation System		1			
Name and street addre	C T Corporation System	<u> </u>	FIL ZUZD JAN III			

Registered agent's acceptance:

, SREIT Vista Haven, L.L.C.

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.

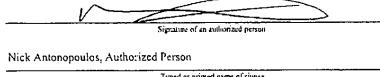
Kimberly Laughrey, Assistant Secretary (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized	l to
manage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Name:	Manager	Name:	
☐Member	Address: 591 West Putnam Avenue	☐ Member	Address:	
⊠Authorized	Greenwich, CT 06830	Authorized		
Person		Person		
Other	Other	Other	<u></u>	Other
Manager	Name:	Manager	Name;	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:		Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		

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.



Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SREIT VISTA HAVEN, L.L.C." 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 FIFTEENTH DAY OF JANUARY, A.D. 2020.

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

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

Authentication: 202197869

Date: 01-15-20