Division of Ourportation 8004323622



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To:

Division of Corporations Fax Number : (850)617-6383

From:

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Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LRFI Red Willow LLC

Liability Company," "L.L.C," 2. Delaware	" or "LLC.")	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)		
4. Upon filing	(Date first transacted busine	un in Planida, if prior to	mainmation	÷	
	(See sections 605.0904 & 605	.0905, F.S. to determine	penalty liability)		
5. c/o Longpoint Realty I	Partners, 116 Huntington Ave., S	te 601		_	
Boston, MA 02116				_	
·	(Street Address of			-	
6. c/o Longpoint Realty P	artners, 116 Huntington Ave., St	e 601		-	
Boston, MA 02116					
<u> </u>	(Mailing	Address)		- 	
7. Name and street addres	s of Florida registered agent: (P	.O. Box <u>NOT</u> accept			
Name:	Corporation Service Company		<u>.</u>	HAB RE I	
Office Address:	1201 Hay Street		_	HAR 16	
	Tallahassœ		, Florida 32301	E I	
	(City)		(Zip code)	62 Ø	ر_) ا

Having been named as registered agent and to accept service of process for the above stated limited llability 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 complywith 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.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Longpoint Realty REIT I LLC - Member

c/o Longpoint Realty Partners, 116 Huntington Ave., Ste 601

Boston, MA 02116

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)

milie mit

Signature of an authorized person

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.





Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LRF1 RED WILLOW 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 MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LRF1 RED WILLOW LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2020.

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



Authentication: 202544639 Date: 03-09-20

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