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Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 371226 2 3574A

AUTHORIZATION: Symbolic Mach

COST LIMIT : \$ 125.00

FOREIGN FILINGS

ORDER DATE : July 29, 2020

ORDER TIME : 11:37 AM

ORDER NO. : 371226-005

CUSTOMER NO: 3574A

NAME: RESPARK RESIDENTIAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

Registration Section

TO:

Respark Residential, LLC Firm/Company C/O WINSTEAD PC, 2728 N. Harwood Street, Suite 500 Address Dallas, Texas 75201 City/State and Zip Code bjones@respark.re AND nw@respark.re E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Benjamin P. Jones 214 675.1879		of Limited Liability Company		
Name of Person Respark Residential, LLC Firm/Company C/O WINSTEAD PC, 2728 N. Harwood Street, Suite 500 Address Dallas, Texas 75201 City/State and Zip Code bjones@respark.re AND nw@respark.re E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Benjamin P. Jones 214 675.1879				
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at ()	E-mail address: (to be	used for future annual report notification)	-: 3	
at ()	orther information concerning this matter, please call	l:		
	Benjamin P. Jones		Car -1	
Name of Contact Person Area Code Daytime Telephone Number	Name of Contact Person	Area Code Daytime Teleph	one Number	
Mailing Address:Street Address:Registration SectionRegistration Section				
Division of Corporations Division of Corporations	• • • • • • • • • • • • • • • • • • •			
P.O. Box 6327 The Centre of Tallahassee			^	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallanassee, FL 32314		U	

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 ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(I) name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Lial	ndity Company," "L.L.C," or "LLC.")
Delaware		85-1974905	
2. Unradiction under the law of w	shich foreign limited liability company is organized)	3(FEI number	r, if applicable)
July 13, 2020 4.			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration (e penalty liability)	Z020
364 Gulf Road 5.		c/o Winstead PC	
5. (Street Address of Principal Office)		6. (Mailing Address)	322 B
Key Biscayne, Florida 33149		2728 N. Harwood St., Suite 5	600, Dallas: TX 75201
		Attn: Tobin M. Swope	-0-4: H
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company	.	
	1201 Hayes Street		
Office Address:	Tallahassee	32301 Florida	
Office Address:			
Office Address:	(City)	(Zip code)	

(Registered agent's signature)

Amanda Robinson Asst. Vice President

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Nicolas Weinstein	□Manager	Name: Benjamin P. Jones	
□Member	Address: 364 Gulf Road	□Member	Address:	
□Authorized	Key Biscayne, Florida 33149	□Authorized	2728 N. Harwood St., Ste, 500	
Person		Person	Dallas, Texas 75201	
President ■Other	Other	■Other_CIO	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	- 2 2	
Person		Person	20 JH	
□Other	Other	□Other	$\square $	
			PR .	
□Manager	Name:	□Manager	Name: QT = QT Address:	
□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. 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

Benjamin P. Jones, Chief Investment Officer



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

DELAWARE, DO HEREBY CERTIFY "RESPARK RESIDENTIAL, LLC" IS DULY

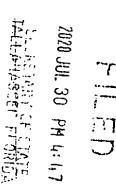
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESPARK RESIDENTIAL, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2020.

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





Authentication: 203369247

Date: 07-29-20

3233442 8300 SR# 20206473411