

11/18/2020

Division of Corporations

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To:
Division of Corporations
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From:
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Account Number : FCA000000023
Phone : (614)280-3338
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Foreign Limited Liability Company NoHo Flats Phase 2, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NoHo Flats Phase 2, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(ID number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

2001 Ross Avenue, Suite 3400

5. (Street Address of Principal Office)

Dallas, Texas 75201

2001 Ross Avenue, Suite 3400

6.

(Mailing Address)

Dallas, Texas 75201

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

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.

C T Corporation System

By:

(Registered agent's signature)

Angel Shearer

Angel Shearer, Asst. Secretary


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:		Title or Capacity:		Name and Address:	
<input type="checkbox"/> Manager	Name:	Invesco U.S. Income REIT, LLC		<input type="checkbox"/> Manager	Name:	Jason W. Geer	
<input checked="" type="checkbox"/> Member	Address:	2001 Ross Avenue, Ste 3400		<input type="checkbox"/> Member	Address:	2001 Ross Avenue, Ste 3400	
<input type="checkbox"/> Authorized		Dallas, Texas 75201		<input type="checkbox"/> Authorized		Dallas, Texas 75201	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	Vice President	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	R. Lee Phegley, JR		<input type="checkbox"/> Manager	Name:	Cain Kirk	
<input type="checkbox"/> Member	Address:	2001 Ross Avenue, Ste 3400		<input type="checkbox"/> Member	Address:	2001 Ross Avenue, Ste 3400	
<input type="checkbox"/> Authorized		Dallas, Texas 75201		<input type="checkbox"/> Authorized		Dallas, Texas 75201	
	Person				Person		
<input checked="" type="checkbox"/> Other	Vice President	<input type="checkbox"/> Other		<input type="checkbox"/> Other	Vice President	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Duncan Walker		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	2001 Ross Avenue, Ste 3400		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Dallas, Texas 75201		<input type="checkbox"/> Authorized			
	Person				Person		
<input checked="" type="checkbox"/> Other	Vice President	<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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

Jason W. Geer
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOHO FLATS PHASE 2, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2020.

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

2020 NOV 18 PM 4:51



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SR# 20208423269

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204098543

Date: 11-17-20