2/5/2021

Division of Corporations

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:_

Foreign Limited Liability Company **Hudson SFR Property Holdings II LLC**

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
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(Zip code)

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

| ſΝ | I COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY |
|-----|---------------------------------------------------------------------------------------------------------------------------|
| C | OMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
| , | Hudson SFR Property Holdings II LLC |
| • • | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| | |

| f name unavailable, enter alternate in | ame adopted for the purpose of transacting business in Fl | onda. The | uliernale name must inchate "Limited Lia | miny Company, | 10.00 6. | OF LEX |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|---------------------------|----------|--------|
| Delaware | | • | 86-1802382 | 4.5 | | |
| (Jurisdiction under the law of wh | ich fereign limited liability company is organizad) | 3. | (FEI number | a, if applicable) | 2 121 | _ |
| | | | | | | 480 |
| | | | | ا آ آ استار استار میرا | E | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine | registration | i.) Itability i | | 8 | Ī |
| 2711 N. Haskell Avenu | | | 2711 N. Haskell Avenue | GSE FO | PH | |
| reet Address of Principal Office) | | 6. | (Mailing Address) | | Ţ. | Ţ., |
| Suite 1800 | | | Suite 1800 | J. F. | £8 | |
| Dallas, TX 75204 | | | Dallas, TX 75204 | | - | |
| Name and street addres | 5 of Florida registered agent: (P.O. Box | NOT: | acceptable) | | | |
| Name: | C T Corporation System | | | | | |
| Office Address: | 1200 South Pine Island Road | · • | _ | | | |
| | Plantation | | 33324 , 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.

(City)

| By: CT Corporation System (Registered agent's kignati | Assistant Secretary |
|--------------------------------------------------------|---------------------|
| C T Corporation System | Mark Holloway |

From: James Tanks

To: 18506176383-

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

2021-02-05 17:15.03 CST

| Title or Capacity: | Name and Address: | Title or Capacity: | | Name and Address: |
|--------------------|-----------------------------------------------|--------------------|-------------|-------------------|
| □Manager | Name: Hudson SFR Intermediate Holdings II LLC | □Manager | Name: | |
| Member | Address: 2711 N. Haskell Avenue | □Member | Address: | |
| □Authoriz¢d | Suite 1800 | □Authorized | | |
| Person | Dallas, TX 75204 | Person | | |
| Other | Other | □Other | | Scher |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | PH L: |
| □Authorized | | □Authorized | | 77 : |
| Person | | Person | | |
| □ Other | | □Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: _ | |
| ☐ Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | | □Other | | □Other |

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.

| Shephture of an authorized person Gina Campos | Dine | Carros | |
|------------------------------------------------|-------------|-------------|--|
| Gina Campos | | | |
| · | Gina Campos | | |



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

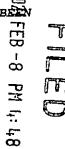
DELAWARE, DO HEREBY CERTIFY "HUDSON SFR PROPERTY HOLDINGS II LLC"

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 FIFTH DAY OF FEBRUARY, A.D. 2021.

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





Authentication: 202455106

Date: 02-05-21