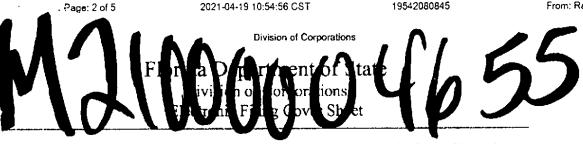
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From: Ranae McGraw



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.

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0B45 Fax Number

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

Email Address:_

Foreign Limited Liability Company Bell Fund VII Sunrise, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

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

IN COMPILANCE WITH SECTION 605.002. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| elf name imavailable, enter alternate i | name adopted for the purpose of transacting business in F | orada. The al | ernate name must include "Lunnted Leability Compa | ny,""l. L.C.," oc "l.LC.," | |
|--|---|---------------------------------|---|-------------------------------|--|
| 2. Delaware (Jurischetton under the law of which foreign limited hability company is organized) | | 3 | († El pourter, (f applicabl | (Et:l nounter, if applicable) | |
| 4 | (Date first transacted business in Florida, if prior to 1See sections 605 0904 & 605,0905, F.S. to determs | regastration.) ne penulty li | ıbility) | | |
| 5. 300 North Greens (Street Address of Principal Office) | | | 300 North Greene Street, Suite | 1000 | |
| Greensboro, NC | 27401 | _ | Greensboro, NC 27401 | <u> </u> | |
| | | _ | | - 3 | |
| 7. Name and street addres | is of Florida registered agent: (P.O. Box | <u>NOT</u> ac | ceptable) | • • | |
| Name: | C T Corporation System | | | | |
| Office Address: | 1200 South Pinc Island Road | | | · · | |
| | Plantation | | 33324 , Florida(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: Lauren Kreatz, Vice President /s/ Lauren Kreatz

(Registered agent's signature)

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: |
|--------------------|--|--------------------|----------|-------------------|
| □Manager | Name: Bell Apartment Fund VII, LLC | ∐Manager | Name: | |
| ⊠Member | Address: 300 N. Greene St., Suite 1000 | □Member | Address: | |
| □Authorized | Greensboro, NC 27401 | ☐ Authorized | | |
| Person | | Person | | |
| Other | □Other | Other | | □Other |
| □Manager | Name: | <u> </u> | Name: | |
| □Member | Address: | ⊒Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | □ Other | _Other | | □Other |
| | Monard | ⊡Manager | Name | ; ; |
| □Manager | Name: | _ | | |
| □Member | Address: | □Member | Address: | |
| ☐Authorized | | □ Authorized | | • |
| Person | | Person | | |
| ☐ Other | 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)

| 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. |
| DocuSigned by: |

| | John E. Tomlinson | |
|---|--------------------------------------|--|
| | Signature of an authorized person | |
| J | John E. Tomlinson, Authorized Person | |
| | Typed or printed name of signec | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BELL FUND VII SUNRISE, 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 NINETEENTH DAY OF APRIL, A.D. 2021.

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

at corp.delaware.gov/auth

Authentication: 202999215

Date: 04-19-21