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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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Foreign Limited Liability Company KENDALL MULTIFAMILY OWNER LLC

Certificate of Status	0
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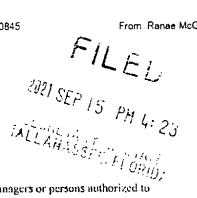
Electronic Filing Menu Corporate Filing Menu

Help

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

Kendall Multifamily Ov	SINEXS IN THE STATE OF FLORID4: wher LLC			
	limited l'iability Company; must include "Limited I	liabilliy Company," "Lillic"," of "Lilic")"		
(Himme onavailable, coter alternate o	one adopted for the purpose of transacting business in Flori	d) The alternate name must include "Limited Liability Company," "L.I. C," or "Lt C,")		
Delaware				
(Imisdiction under the lase of w	nich foreign finance lizhility company is organized)	3. (Fill number, if applicable)		
N/A				
4	(Date first transacted basiness in Florida, if pince in re (See sections 605 0904 & 605 0905, F.S. to determine	station)		
Woodlawn Hall at Old		Woodlawn Hall at Old Parkland		
5, (Streef Address at Filincipal Office)		6. [Alathing Address]		
3953 Maple Avenue, Suite 300		3953 Maple Avenue, Suite 300		
Dallas, Texas 75219		Dallas, Texas 75219		
7. Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)		
	C T Corporation System	: a !		
Name:	C 1 Corporation System			
1200 South Pine Island Road		平 123		
Office Address:		• •		
	Plantation	33324 , Florida		
	(City)	(Zip code)		
Registered agent's accep	stance:			
Having been named as re	glistered agent and to accept service of pr	rocess for the above stated limited liability company at the place registered agent and agree to act in this capacity. I further agree		
to comply with the provis	ions of all statutes relative to the proper of	and complete performance of my duties, and I am familiar with		
	s of my position as registered agent.			
	C T Corporation System	Kalah Jandin		
I	By: By Kim Laughrey	Assistant Secretary Kilon John		

Page; 4 of 5



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) tôtal]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
∐Manager	Name: Ron J. Hoyl	[]Manager	Name:	
□Member	Address: 3953 Maple Avenue, Ste 300	□Member	Address:	·
■ Authorized	Dallas, TX 75219	□Authorized		
Person		Person		
■Other	dont Other	□Other		Other
□Manager	Name:	□Manager	Name:	
[]Member	Address:	l'IMember	Address:	
[]Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□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. Nonindexed 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.

 \sim 0

Signature of an authorized person				
Ron J. Hoyl, Authorized Person				

Typed or printed name of tignee

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Page 1

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

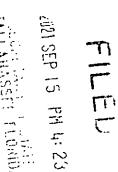
DELAWARE, DO HEREBY CERTIFY "KENDALL MULTIFAMILY OWNER LLC" IS DULY

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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

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



Authentication: 204161378

Date: 09-15-21