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Foreign Limited Liability Company NSP II St Pete Manager, LLC

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Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NSP II St Pete Mana					
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L. I. C.," or "	TLLC ")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The afternate name must include "l	Limited Liability Company,"	"L L C," or "EL.	C ")
Delaware 2.		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)		
upon registration					
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration) e penalty liability)			
300 Crescent Court, 5.		300 Crescent Court,			
(Street Address of Principal Office)		6. (Mailing Address)			
Dallas, TX 75201		Dallas, TX 75201			
7 Norma and street address	on ACCI saids and a south (D.O. Dans	NOTtull o		232	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)		S	
Name:	C T Corporation System			08,738,17	
Office Address:	1200 South Pine Island Road			5: 5:	
	Plantation	333. , Florida	24	37	
	(Cuy)		(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree .	to act in this capacit	y. I further	r agree
	C T Corporation System By:	Christini KCK	Christine Kelm Assistant Secretary		
	(Registered agent's si	gnature)			

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: NexPoint Real Estate Advisors IV, L.P. □Manager □Manager Name: _____ 300 Crescent Court ■Member □Member Address: Suite 700 □ Authorized □ Authorized Dallas, TX 75201 Person Person □Other___ □Other___ □ Other □ Other_____ □Manager Name: □Manager Name: □Member Address: □Member Address: __ □ Authorized □ Authorized Person Person □Other □Other____ \square Other $_$ □Other_ □Manager Name: □Manager Address: □ Member □ 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. 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. Signature of an authorized person Robert Harris

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NSP II ST PETE MANAGER, 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-FIRST DAY OF SEPTEMBER, A.D. 2021.

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

at some delaware special

Authentication: 204208121

Date: 09-21-21