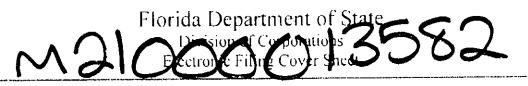
12122023573

From: Kimberly Laughrey

10/14/21, 12:56 PM

Division of Corporations



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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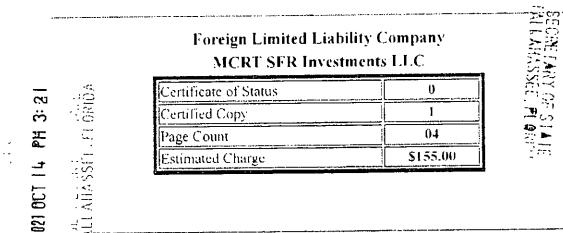
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:



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OCT 1 4 2021

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXCY. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MCRT SFR Investment: (Name of Foreign L	s L.L.C imited Linkoliny Company; must include "Limited	Listolity Compa	my, "LLC," or "LC"		
(If more unavoilable, onter alternate no	one adopted for the propose of transacting business in Fi	onds. The alternate	name most include "Lenated Libbi	ny Company, The L.C. of Th	.t.C ')
Delaware	uch foreign finited liability company is organized)		·III oumber		
(Jurisdiction under the law of wh	ich foreign finnted hability company is organized)		+111 Guithear	i applicanie.	
Upon qualification					
t	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration [me penalty hubdits	1	 -	
5910 N. Central Expressway 5. Street Address of Principal Office:		5910	N. Central Expressway		
		n	Mailing Address	<u></u>	•
Suite 1100		Suite	1100		
Dallas, TX 75206		Dalla	is, TX 75206	202 14.	_
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accept	able)	CT 14	FILA
Name:	CT Corporation System		_	PH IZ	ED E
Óffice Address:	1200 South Pine Island Road		_	PM 12: 07 FINALE	·
	Plantation	···	33324 , Plorida		
	(Cuy)		(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.

/	Corporation System
By Caroline Breakers	Candice Pignataro, Assistant Secretary
<u> </u>	(Registered agent's signature)

From: Kimberly Laughrey

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Mill Creek Residential Trust LLC	□Manager	Name:	
■Member	Address: 5910 N. Central Expressway	□ Member	Address:	
□Authorized	Suite 1100	☐ Authorized		
Person	Dallas, Texas 75206	Person		
□Other	Other	[Other		_lOther
∐Manager	Name:	☐ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		T Authorized		
Person		Person	 	
□Other	Other	_Other		⊒Other
≟Manager	Name:	∐Manager	Name:	
□Member	Address:	☐ 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. 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.

/s/ Shari Steinhardt	
Signature of an authorized person	
Shari Steinhardt, Authorized Person	
Typed or numed name of surece	

To: -18506176363

From: Kimberly Laughrey



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MCRT SFR INVESTMENTS 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 FIRST DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204060882

Date: 09-01-21