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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To:

Division of Corporations

Page: 3 of 6

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

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

Em a	٠	1	Addances	
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Foreign Limited Liability Company SREIT Cambridge Cove, L.L.C.

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T. LEMIEUX Help OCT 28 2021

16144554862

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

IN COMPLANCE WITH MY TION (05,000), FLORIDA STATUTIN THE FOLLOWING IS NURWITHED TO REGISTER A FOREK IN TIMITED HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF ELORIDA: SREIT Cambridge Cove, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") th name unavailable, enter alternate name adopted for the puryose of transacting business in Florida. The alternate name must include "Limited Learnity Company." "L.L.C." or "LLC." Delaware Date first transacted business in Florida, if prior to reputation.) See sections 605 (2014) & 605 (2005), F.S. to determine penalty highlights. 1601 Washington Avenue (Street Address of Penergal Office) Suite 800 Miami Beach, FL 33139 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) C T Corporation System Name 1200 South Pine Island Road Office Address: Plantation 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. Mudila Helling C.T. Corporation System Meredith Hellwig, Assistant Secretary (Registered agent's signature)

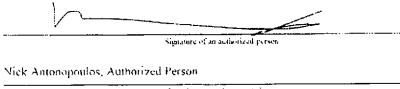
16144554862

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	<u>1</u>	Name and Address:
Manager	Name: Nick Antonopoulos	Manager	Name ¹	
Member	Address: 591 West Putnam Avenue	Member	Address:	
Authorized	Greenwich, CT 06830	Authorized		
Person		Person		
Other	Other	Other	<u>. </u>	Other
Manager	Name:	Манацег	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Othei	Other	Other		Other
∐Manager	Name:	Managei	Nane:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Othes	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.817,455, F.S.



Typed or printed name of sizing

To: -18506176383



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SREIT CAMBRIDGE COVE, L.L.C." 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-SEVENTH DAY OF OCTOBER, A.D. 2021.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204527037

Date: 10-27-21