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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 169279 4814233

AUTHORIZATION :

COST LIMIT : \$ (1/30,00

ORDER DATE: October 26, 2021

ORDER TIME : 9:31 AM

ORDER NO. : 169279-020

CUSTOMER NO: 4814233

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## FOREIGN FILINGS

NAME: SW 127TH FL PARTNERS - PHASE

II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	SW 127th FL Partners – Phase I Name of	I, LLC Limited Liability Company		
		pany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.		
Please return all o	correspondence concerning this matter to the	e following:		
	Angela E. Biernath, Paralegal			
		lame of Person		
	Morris, Manning & Martin, LLP			
	F	irm/Company		
3343 Peachtree Road, Suite 1600				
		Address		
	Atlanta, Georgia 30326			
	City/S	State and Zip Code		
_	E-mail address: (to be use	d for future annual report notification)		
For further inforn	nation concerning this matter, please call:			
Ang	ela E. Biernath, Paralegal	at (404)504-7725		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
rananassee, FL 32314		Tallahassee, FL 32303		
Please m	l is a check for the following amount: take check payable to: FLORIDA DEPAR' 00 Filing Fee \$\Bigsim \frac{1}{2} \f	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE 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:

(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	londa. The al	ternate name must include "Limited Liability	y Company," "L.L.C," or	"LLC.")	
2. Delaware (Jurisdiction under the law of w	Pelaware etion under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration. ine penalty li	ability i	_		
5. 3424 Peachtree Street Address of Principal Office)	Road, Suite 300	6	3424 Peachtree Road (Mailing Address)	, Suite 300	-	
Atlanta, GA 30326		_	Atlanta, GA 30326	[2]	_	
		_		5 1010	۽ همين پ	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> ac	eceptable)	T 27		
Name:	Corporation Service Company			PH 12: 39	O	
Office Address:	1201 Hays Street			LE 39		
	Tallahassee		32301 Florida	_		
	(City)		(Zip code)			
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a tions of all statutes relative to the proper ts of my position as registered agent. Corporation Service Company	s register and com	ed agent and agree to act in th	is capacity. I furt	her agre	

(Registered agent's signature)

Assistant Vice President

By:

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: Cortland Enhanced Value Name: Steven J. DeFrancis Name: Fund V OP, L.P. ■ Manager □Manager Address: 3424 Peachtree Road Address: 3424 Peachtree Road ☐ Member ☐ Member Suite 300 Suite 300 ☐ Authorized ☐ Authorized Atlanta, GA 30326 Atlanta, GA 30326 Person Person □Other\_\_\_\_ Other Other President □Other\_\_\_\_ Name: Corey B. May □Manager Name: Address: 3424 Peachtree Road Address: \_\_\_\_\_ □Member ☐ Member Suite 300 ∆Authorized ☐ Authorized Atlanta, GA 30326 Person Person □Other\_\_\_\_\_ Other □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Manager Name: □Manager Name: Address: \_\_\_\_\_ Address: □Member □Member ☐ 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. /s/ Corey B. May Signature of an authorized person Corey B. May

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SW 127TH FL PARTNERS - PHASE II, 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-SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SW 127TH FL

PARTNERS - PHASE II, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF

OCTOBER, A.D. 2021.

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

THE STATE OF THE S

Authentication: 204516739

Date: 10-26-21