MAL000014929

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PICK-UP WAIT MAIL
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

11/09/2021

D	Date: 11/09/2021				
	Acc# 20160000072				
Name:	MCRT SFR Florida Construction LLC				
Document #:					
Order #:	13973772				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:				
Filing: Availability Document	Certified:				
Examiner Updater Verifier W.P. Verifier Ref#					

Thank you!

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
end te	MCRT SFR Florida Construction LLC					
SUBJECT: Name of Limited Liability Company						
The enc Existen	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificand check are submitted to register the above referenced foreign limited liability company to transact business in	icate of Florida.				
Please r	urn all correspondence concerning this matter to the following:					
	Charlotte E. Wolverton, Paralegal					
	Name of Person					
	Jones Day					
	Firm/Company					
	2727 N. Harwood Street, Suite 600					
	Address					
	Dallas, TX 75201					
	City/State and Zip Code					
	thardy@mcrtrust.com					
	E-mail address: (to be used for future annual report notification)					
For furt	r information concerning this matter, please call:					
	Charlotte E. Wolverton, Jones Day Paralegal 214 969-4567					
	Name of Contact Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified C					

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:

MCRT SFR Florida Co (Name of Foreign l	nstruction LLC Limited Liability Company; must include "Limited Li	lability Company," "L.L.C.," or "L.L.C.")		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	la. The alternate name must include "Limited Liah	ility Company," "L. L. C," or "L.L.	
Delaware		3 87-3192413		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
Upon qualification				
	(Date first transacted business in Horida, if prior to regi (See sections 605 0904 & 605 0905, F.S. to determine p	stration.) benalty liability)	21	
4855 Technology Way		6. (Manling Address)		
eet Address of Pinicipal Office)		6. (Mailing Address)		
Suite 400		Suite 1100	© <u>™</u>	
Boca Raton, FL 33431		Dallas, TX 75206	7.5	
Name and street addres Name:	s of Florida registered agent: (P.O. Box \(\frac{\Delta}{2}\)	<u>(OT</u> acceptable)		
Office Address:	1200 South Pine Island Road			
	Plantation	33324 Florida(Zip code)		
	(City)	(Zip code)		
signated in this applicate comply with the provisi	gistered agent and to accept service of pro tion, I hereby accept the appointment as r ons of all statutes relative to the proper ar s of my position as registered agent.	egistered agent and agree to act in nd complete performance of my du	this capacity. I furthe ties, and I am familiar	
12	C T Corporation System	Scott White, Assistant	Secertary	

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:					
□Manager	Name: MCRT SFR Southeast LLC	□Manager	Name:					
™Member	Address: 101 W. Worthington Avenue	□Member	Address:					
□Authorized	Suite 210	□Authorized						
Person	Charlotte, NC 28203	Person						
□Other	Other	□Other	□Other					
□Manager	Name:	□Manager	Name:					
□Member	Address:	□Member	Address:					
□Authorized		□Authorized						
Person		Person						
□Other	Other	□Other	Other					
□Manager	Name: Address:	□Manager □Member	Name: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. 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 printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "MCRT SFR FLORIDA CONSTRUCTION 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 EIGHTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204364581

Date: 10-08-21