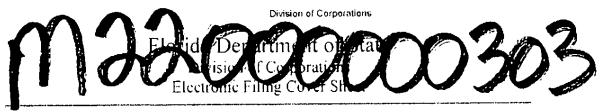
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(((H22000005988 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

Enter the email address for this business entity to be used for futu▶e annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company DHIR - Kindred 2B, LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: +18506176383

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

IN COMPLIANCE WITH SECTION (65.0902, FLORIDA STATUTE), THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

I mane unavailable, enter alternate o	ainc adopted for the purpose of transacting business in Fle	vida. The alternate name must include "Limited I	aibility Company," "ULC," or "IA C
Delaware		87-4234894 3.	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	t ELI num	ber, d'applicable)
N/A			
•	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determin	egistration (ne pennity hability)	
1341 Horton Circle, Ar		1341 Horton Circle, Arling	ton, TX 76011
irect Address of Principal Office)		6. (Mathing Address)	
		NOT managed by	2022 JAI SECRE FALL AH
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2022 JAN -5 SECRETARY FAULAHASSE
. Name and street address Name:	es of Florida registered agent: (P.O. Box C.T Corporation System	NOT acceptable)	- 5
		<u>NOT</u> acceptable)	SS

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.

C T Corporation System		
By: Shury McGirnes	Sherry McGinnes Assi Secretary	
	(Registered agent's signature)	

8. For initial indexing purposes, list names.	title or capacity and addresses of the primar	y members/managers or persons authorize	ed to
manage [up to six (6) total]:			

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: DRH Single-Family Rental, LLC	⊒Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	Arlington, TX 76011	□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	∐ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	_ _	☐ Authorized	<u> </u>	
Person		Person		
□Other				Other
□Manager	Name:	□ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person	<u> </u>	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.

Thomas B. Montaño
Nighature of un authorized person

Thomas B. Montaño

To: ~18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DHIR - KINDRED 2B, 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 FOURTH DAY OF JANUARY, A.D. 2022.

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

Authentication: 202314003

Date: 01-04-22