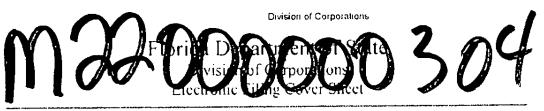
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Corporate Filing Menu

Help

From: Lexus Wingo

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

2022-01-05 12:44:33 CST

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name mavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida. Lise alternate na	nie must melistie "Eamited Liab	othry Company, ""L.t., C," or "I	. LC
Delaware		87-425			
(Jurisdiction mider the law of w	nich toreign limited liability company is organized)	3	(FEI number	, if applicable)	
N/A					
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, E.S. to determine	gistration.) e penalty hubility)		<del></del> .	
1341 Horton Circle, Ar	lington, TX 76011	1341 Ho	orton Circle, Arlington	n, TX 76011	
reet Address of Principal Office)		(Ma	iling Address)		
					_
			· · · · · · · · · · · · · · · · · · ·		
Name and atreet address	s of Florida registered agent: (P.O. Box.)	NOT accentab	le)	202 SE	
Name and <u>street addres</u>	g of Florida registered agents (1.32.1303)	<u>- 11911</u>	,,,	2022 JAN Seured Allaha	
	C.T Corporation System			IN-5 INRY ASSE	
Name:	<u> </u>			رين <u></u>	
Office Address:	1200 South Pine Island Road			F.C.	
Crifice reduces.	Plantation		33324	AM II: 3 PF STATE PFLORID	
	(City)		Florida	> " =	
	(c "y r		1-11		

C T Corp		
By: Skury McGines	Sheny McCinines And Secretary	
	(Registered agent's signature)	

From Lexus Wingo

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>e</u>	Name and Address:
□Manager	Name: DRH Single-Family Rental, LLC	☐ Manager	Name:	
■Member	Address: 1341 Horton Circle	Member	Address:	
□Authorized	Arlington, TX 76011	Authorized		
Person		Person		
Other		_ Other		□Other
□Manager	Name:	∏Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized	<del></del> -	
Person		Person		
□ 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. 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.

Signature of an authorized person

Thomas B. Montaño

Typed or printed name of signed



Page 1

From: Lexus Wingo

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

DELAWARE, DO HEREBY CERTIFY "DHIR - KEYSTONE PLACE, 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: 202314005

Date: 01-04-22