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Division of Corporations

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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

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2022 HAR | 4 PH

Foreign Limited Liability Company SREIT Vintage Amelia, L.L.C.

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Help

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

From: Lexus Wingo

IN COMPLIANCE WITH SECTION 603/0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Etability Compa	oy," "L.L.C.," or "LLC.")			
(If name mavuilable, enter alternate it	ame adopted for the purpose of transacting business in Flo	rida. The alternate no	me must include "Einnied Euskility Co	unpany,""L1	. C.Torr Li	ī. ")
Delaware 2		3				
(Jurisdiction under the law of w	high foreign limited hability company is argumental		(FEI number, if ap	policablei		
4.						
	(Data first transacted business in Florida, if prior to (Seo scorious 505,0904 & 605,0905, F.S. to determ	registration.) me penalty lability)		-		
2340 Collins Avenue		2340 Collins Avenue			2022	
5. (Succ) Address of F	Principal (titles)	0	(Mailing Address)		2 MAR	-
				<u> </u>	2	- TEET
Miami Beach, FL 3313	9	Miami	Beach, FL 33139	5. 6. 6. 7.	PH	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	Pi	5: 27	(610)
Name:	C.T. Corporation System					
Office Address:	1 200 South Pine Island Road					
	Plantation		33324 . Florida	_		
	(City)		(Zip cixle)			

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	Katherine Schauder
By: Katherine Schneider, Asst. Secretary	
(Regulered agent's signature)	

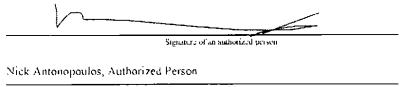
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

From: Lexus Wingo

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
Manager	Name: Nick Antonopoulos	Manager	Name:	
☐Member	Address: 591 West Putnam Avenue	Member	Address:	<u> </u>
⊠Authorized	Greenwich, CT 06830	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		702/2
Person		Person		
Other	Other	Other		Other =
				PA S
Manager	Name:	Manager Manager	Name:	<u> </u>
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other		Other		Other

Important Notice: Lise 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.



Lyped or printed name of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SREIT VINTAGE AMELIA, 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 FIRST DAY OF MARCH, A.D. 2022.

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

Authentication: 202798366

Date: 03-01-22