

M220000009419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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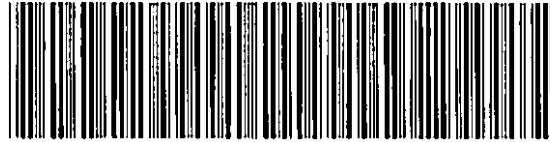
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

S. ROBERTS

JUN 16 2022

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COST LIMIT : \$125.00

CUSTOMER NO: 7837094

EXAMINER:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XENTURY RESIDENCES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shawna Murphy

Name of Person

Principal Real Estate Investors, LLC

Firm/Company

711 High Street

Address

Des Moines, IA 50392

City/State and Zip Code

Murphy.Shawna@principal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna Murphy

515

235-5896

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. XENTURY RESIDENCES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware

2. (Jurisdiction 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 registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

Corporation Service Company

Corporation Service Company

5. (Street Address of Principal Office)

6. (Mailing Address)

251 Little Falls Drive

251 Little Falls Drive

Wilmington, DE 19808

Wilmington, DE 19808

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

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.

Corporation Service Company

By:

(Registered agent's signature)

2022 JUN 16 11:10:49
TALLAHASSEE
FLORIDA

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:**

☐ Manager Name: PEPF XENTURY CITY REIT LLC

☒ Member Address: c/o Corporation Service Company

☐ Authorized 251 Little Falls Drive

 Person Wilmington, DE 19808

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ 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.

Signature of an authorized person

See attached for signature.

Typed or printed name of signee

Signature Page

to

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

for

XENTURY RESIDENCES, LLC

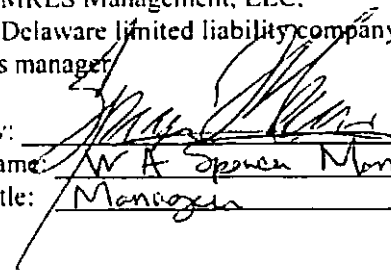
XENTURY RESIDENCES, LLC,
a Delaware limited liability company

By: XENTURY RESIDENCES JV, LLC,
a Delaware limited liability company

By: AM-Xenel Residences Developers, LLC,
a Delaware limited liability company, its managing member

By: Xentury AMRES Developers, LLC,
a Delaware limited liability company,
its administrative member

By: AMRES Management, LLC,
a Delaware limited liability company,
its manager

By: 
Name: W A Spencer Morris
Title: Manager

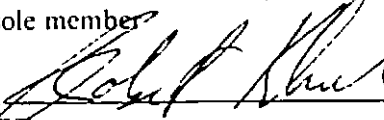
[Signatures continue on the following page]

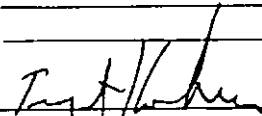
By: PEPF XENTURY CITY REIT LLC.
a Delaware limited liability company, its member

By: Principal Enhanced Property Fund, L.P.,
a Delaware limited partnership,
its manager

By: Principal Enhanced Property Fund GP, LLC,
a Delaware limited liability company,
its general partner

By: Principal Real Estate Investors, LLC,
a Delaware limited liability company,
its sole member

By: 
Name: Robert T. Klinkner
Title: Managing Director
Head of Eastern U.S.
Asset Management

By: 
Name: Troy A. Koerselman
Title: Managing Director
Asset Management

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XENTURY RESIDENCES, 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 SIXTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XENTURY RESIDENCES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2022.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6679876 8300

SR# 20222745151

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203696663

Date: 06-16-22