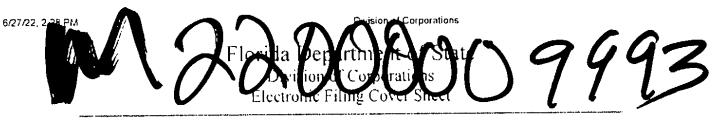
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Foreign Limited Liability Company FKH SFR I GP, LLC

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

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FKH SFR LGP, LLC (Name of Foreign Lumied Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC.") (If name may atable, enter alternate name adopted for the purpose of transacting bismess in Florida. The afternate name must method "Lemited Lesbuth Company," "L.L.C." or "LLC." or "LLC." or 82-4218874 DELAWARE (Et.) number, if applicable; (Turestienon under the law of which foreign limited liability company is organized) 07/15/2022 (Dute first transacted business in Florida, if prior to registration.) (See sections 665.0904 & 605.0905; F.S. to determine penalty liabelity) 875 Third Ave 10FL 875 Third Ave 10FL 5. (Street Address of Penerpal Office) (Maling Address) New York, NY 10022 New York, NY 10022 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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.

(Registered agent's signature)

Sandra Zwijack, Assistant Secretary

From: Kalty Tc

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]:

2022-06-27 12 30:31 PDT

Fitle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: MARC TOSCANO	∐Manager	Name:	
□Member	Address: 875 THIRD AVE 10FL	□ Member	Address:	and the same of th
□Authorized	NEW YORK, NY 10022	☐ Authorized		
Person		Person		
□Other	()ther	()ther		
∐Manager	Name:	∏Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized		☐ Authorized		***
Person		Person	<u></u>	
□Other	Other	□Other		□Other <u></u>
				AH 10:
□Manager	Name:	∏Manager	Name:	9
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other		Other	<u></u>	□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.

Mar Toseno	
Nignature of an nuthorized person	
MARC TOSCANO, MANAGER	

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

DELAWARE, DO HEREBY CERTIFY "FKH SFR I GP, 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2022.

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

2022 THE 1 2 HOLDS

Authentication: 203776751

Date: 06-27-22