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Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 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.

Email Address: legalsupport@firstkeyhomes.com

Foreign Limited Liability Company خن IDF1 SFR Propeo A, LLC

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

IN	N COMPLANCE BITH SECTION 46 ONE, FLORI IA SEZUTEN, DHE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN TAMIE.	OIJABIIJIY
('	OMPANY TO TRANSICT BUSINESS IN THE STATE OF FLORIUM:	
1	IDF1 SFR Propeo A, LLC	

t name unavailable, enter alternate)	table adopted for the purpose of transacting business in th	miga De	alternate name must include "Fainted Fadulity Company.	"I, I, C o "I
DELAWARE		3.	92-1177659	
Jurisdiction under the favi of w	high fereign (united hability company is organized,	٠.٠	(111 number il applicable)	
	Date that reorganted business in Florida in prior to a race security 603 6964 & 663 6905, U.S. to determin	res atriția	0,	
\$75 THIRD AVENUE			C/O: FIRSTKEY HOMES, LLC	
treet Address at Principal Officer		6	(Mailing Address)	
10TH FL			1850 PARKWAY PLACE, SUITE 900	201
NEW YORK, NY 100	22		MARIETTA, GA 30067	7
				5.1
Name and street address	ss of Florida registered agent (P.O. Box	<u> TOZ</u> :	acceptable)	- . :
Name.	C T Corporation System			(; a]
Office Address.	1200 South Pine Island Road			
	Plantation		, Florida	
	Civi		(Zip ¢ode)	

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
Ву:	/s/ Sandra Zwijack, Assistant Secretary
•	(Registered agent's signature)

8	For initial indexing pur	rposes, list names, tiffe or	r capacity and addres	ses of the primary	members/managers or	persons authorized to
	mage [up to six (6) total.					

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
_ Manager	Name, IDF1 SFR Holdings A, LEC	_ Manager	Name Daniel Choquette
™ Member	Address:	□Member	Address 875 Third Avenue
Authorized	10 FL	■ Authorized	10 F.C.
Person	New York, NY 10022	Person	New York, NY 10022
□Other		⊒Odier	
Manager	Name: Mare Toscano	□ Manager	Name: Clifton B. Henis
□ Member	Address: 875 Third Avenue.	□ Member	Address: 875 Third Avenue
Authorized	10 F1.	▼ Authorized	10 FL
Person	New York, NY 10022	Person	New York, NY 10022
_ Other		□Other	TOther =
			1
□Manager	Name:	☐ Manager	Name:
Member	Address:	- Member	Address:
Authorized		□Authorized	
Person		Person	
()ther	Other	TOther	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,

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 fellowy as provided for in \$ 817,155, F.S.

e of an authorized person

^{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)



Page 1

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

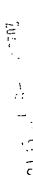
DELAWARE, DO HEREBY CERTIFY "IDF1 SFR PROPCO A, LLC" IS DULY FORMED

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 THIRTIETH DAY OF DECEMBER, A.D. 2022.

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





7144298 8300

SR# 20224416327

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

Sality is district, secretary to the sality

Authentication: 205222239

Date: 12-30-22