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Thank you!

COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJ	RW HOMESTEAD SAN JOS	E MF GP, LLC					
Name of Limited Liability Company							
		ted Liability Company for Authorization to Transact Business in Florida," Certificate of er the above referenced foreign limited liability company to transact business in Florida					
Please	return all correspondence concerning	this matter to the following:					
	Alexandra McLaughlin						
		Name of Person					
	Eversheds Sutherland						
		Firm/Company					
	999 Peachtree Street NE,	Suite 2300					
		Address					
	Atlanta, GA 30309						
		City/State and Zip Code					
	legalnotices@liverangewat	.er.com					
	E-mail a	ddress: (to be used for future annual report notification)					
For fu	urther information concerning this mat	ter, please call:					
	Alexandra McLaughlin	404 853-8271					
	Name of Contact						
	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					
		ing amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy					

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

IN COMPLIANCE WITH SECTION (05/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

RW Homestead San Jose					
(Name of Foreign L	imited Liability Company; must include "Limited	Liability	Company,""L.L.C.," or "LLC.")		
(II name mavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	orida T he (lternate name must include "Limited Liabit	ity Company," "L.L.C," or "LLC.")	i
Georgia		3.	(FEI number,		
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)		(FEI number,	i[spplicable)	
upon qualification					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, I'S, to determi	registration ine penalty	liability)		
c/o RangeWater Real E	state, LLC	,	c/o RangeWater Real Estate L	LC	
5. (Street Address of Principal Office)	5. Street Address of Principal Office)				
One Premier Plaza, 560	5 Glenridge Road, Suite 77		One Premier Plaza, 5605 Glea	ridge Road, Suite 27:	
Atlanta, GA 30342			Atlanta, GA 30342	3 JAN	···
7. Name and street address	§ of Florida registered agent; (P.O. Box	C NOT	acceptable)	30 AH	
Name:	CT Corporation System			8: 02	
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida(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.

David Westcott Assistant Secretary
(Registered 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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Range Water Real Estate, LLC Name: _____ □ Manager ■Manager One Premier Plaza Address: ______ □Member Address: □Member 5606 Glenridge Road, Suite 775 □ Authorized □ Authorized Atlania, GA 30342 Person Person □Other_____ □Other_____ □Other___ Other □Manager Name: _____ Name: _____ □Manager Address: □Member □Member Address: _____ □ Authorized □ Authorized Person Person □Other _ _____ Other____ Other____ Other ____ Name: □Manager Name: ______ Manager □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.

Exped or printed name of signee

Michael Blair, Authorized Person

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Control Number: 23016070

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

RW Homestead San Jose MF GP, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24411172 Date Inc/Auth/Filed: 01/23/2023 Jurisdiction : Georgia Print Date : 01/30/2023

Form Number : 211



Brad Rafforspage

Brad Raffensperger Secretary of State