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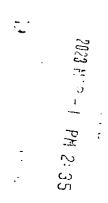
(F	Requestor's Name)	-	
(/	Address)		
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(1	City/State/Zip/Phone #)		
PICK-UP	WAIT [MAIL	
(1	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Sta	atus	
Special Instructions	to Filing Officer:		

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	2951 Justina LLC			
SUDULI	Name	e of Limited Liability Company		
The encl Existenc	losed "Application by Foreign Limited Liability (e., and check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
Please re	eturn all correspondence concerning this matter to	o the following:		
	Sara DiMeglio			
		Name of Person		
	Whiteford, Taylor & Preston			
		Firm/Company		
	7 St. Paul Street, Suite 1500			
	Address			
	Baltimore, MD 21202			
	C	ity/State and Zip Code		
	sdimeglio@wtplaw.com			
	E-mail address: (to be	e used for future annual report notification)		
For furth	her information concerning this matter, please ca	11:		
	Sara DiMeglio	410 347-9445 at ()		
	Name of Contact Person	at () 347-9445 Area Code Daytime Telephone Number		
	Mailing Address: Registration Section	Street Address: Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassec		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI ■ \$125.00 Filing Fee □ \$130.00 Filing Fe	re & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		

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:

fname unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Liability Company," "L,L,C," or "LLC	
Delaware	hich foreign limited liability company is organized)		92-2490982 (FEI number, il applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi			
354 Lancaster Ave, Suite 1400 5. Street Address of Principal Office)		6.	c/o BDP Impact Real Estate (Mailing Address)	
Haverford, PA 19041			354 Lancaster Ave. Suite 1400	
			Haverford, PA 19041	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	·	
Name:	CT Corporation System		25.23 76.00 70.00	
Name.			, i	
Office Address:	1200 S. Pine Island Road			

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)
Madonna Cuddihy, Assistant Secretary

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:	Title or Capacity:	Name and Address:
□Manager	Name: CS Large Cities Housing Holding:	□Manager	Name: Community Solutions Internation:
■Member	Address: 354 Lancaster Ave, Suite 1400	■Member	Address: 354 Lancaster Ave, Suite 1400
□Authorized	Haverford, PA 19041	□Authorized	Haverford, PA 19041
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	_
□Other	□Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	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.

Kant	~~		
		Signature of an authorized person	
Kaitlin Zarro			
		Typed or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "2951 JUSTINA 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-THIRD DAY OF FEBRUARY, A.D. 2023.



Jeffrey W. Bullock, Secretary of State

Authentication: 202774425