

**M2300003852**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230001121473)))



H230001121473ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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: legal@nexpoint.com

**Foreign Limited Liability Company  
NREA SB I Orlando, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

S. FRANKLIN

MAR 27 2023

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2023 MAR 24 AM 11:37

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

# 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. NREA SB I Orlando, 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.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (d/b/a number, if applicable)

4. Upon registration  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 300 Crescent Court, Suite 700 6. 300 Crescent Court, Suite 700  
(Street Address of Principal Office) (Mailing Address)  
Dallas, TX 75201 Dallas, TX 75201

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

Name C T Corporation System  
Office Address 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

By: C T Corporation System  
/s/ Sandra Zwijack, Assistant Secretary  
(Registered agent's signature)

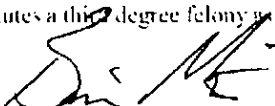
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                 | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                 |
|------------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Manager               | Name: <u>Brian Mitts</u>                 | <input type="checkbox"/> Manager               | Name: <u>Matt McGraner</u>               |
| <input type="checkbox"/> Member                | Address: <u>300 Crescent Ct, Ste 700</u> | <input type="checkbox"/> Member                | Address: <u>300 Crescent Ct, Ste 700</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Dallas, TX 75201</u>                  | <input checked="" type="checkbox"/> Authorized | <u>Dallas, TX 75201</u>                  |
| Person                                         | _____                                    | Person                                         | _____                                    |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____     |
|                                                |                                          |                                                |                                          |
| <input type="checkbox"/> Manager               | Name: <u>NREA SBT Holdings, LLC</u>      | <input type="checkbox"/> Manager               | Name: _____                              |
| <input checked="" type="checkbox"/> Member     | Address: <u>300 Crescent Ct, Ste 700</u> | <input type="checkbox"/> Member                | Address: _____                           |
| <input type="checkbox"/> Authorized            | <u>Dallas, TX 75201</u>                  | <input type="checkbox"/> Authorized            | _____                                    |
| Person                                         | _____                                    | Person                                         | _____                                    |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____     |
|                                                |                                          |                                                |                                          |
| <input type="checkbox"/> Manager               | Name: _____                              | <input type="checkbox"/> Manager               | Name: _____                              |
| <input type="checkbox"/> Member                | Address: _____                           | <input type="checkbox"/> Member                | Address: _____                           |
| <input type="checkbox"/> Authorized            | _____                                    | <input type="checkbox"/> Authorized            | _____                                    |
| Person                                         | _____                                    | Person                                         | _____                                    |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____           | <input type="checkbox"/> 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

Brian Mitts

(Typed or printed name of signer)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NREA SB I ORLANDO, 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 MARCH, A.D. 2023.

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



7341015 8300

SR# 20231111056

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202985121

Date: 03-23-23