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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 Presidents, LLC

Certificate of Status	0 ;
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Page Count	(14
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Help

To:

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

IN COMPTANCE WITH SECTION 6(8,000), FLORIGA SERVIJEN THE FOLLOWING IS SUBMITTED TO REGISTER 4 FORCES TAMILED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY NREA SB I Presidents, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," [1,1, C, or "LLC") If raine inavariable, eiter alternate name adopted for the purpose of transacting basiness on Florida. The alternate name most include "Tamited Undolfs Company," "3.1.3", or "13.0", Delaware Jurisdiction under the faw of which foreign limited lisbility company is organized; (El manaleza (Liaophicabie) Upon registration (The first in orsized bisoness in Florida it provide registration).) (See sections 605 0904 & 605 0905, U.S. to determine penalty liability). 300 Crescent Court, Suite 700 300 Crescent Court, Suite 700 (Mailing Address) (Street Address of Francipal Office) Dallas, TX 75201 Dallas, TX 75201 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 , Florida . 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.

> C T Corporation System /s/ Sandra Zwijack, Assistant Secretary

> > (Registered agent's signature)

By:

8 For	initial indexing purposes, list ii	ames, title or capacity	y and addresses of th	e primary membe	is/managets or p	ersons authorized to
manage	[up to six (5) total]					

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
_ Manager	Name. Brian Mitts	_ Manager	Name. Matt McGraner	
□ Member	Address: 300 Crescent Ct. Ste 700	□ Member	Address: 300 Crescent Ct, Ste 700	
 Authorized	Dallas, TX 75201	 Authorized	Dallas, TX 75201	
Person		Person		
_Other	Cother	□Other	Cthes	
□Manager	Name: NREA SB I Holdings, LLC	□Manager	Nane	
■ Member	Address: 300 Crescent Ct. Ste 700	□Member	Address:	
Authorized	Dallas, TX 75201	- Authorized		
Person		Person		
□Other	Other	□Other	Other	
☐ Manager	Name:	□Manager	Name:	
[—] Member	Address:	- Member	Address:	
□ Authorized		\square Authorized		
Person		Person		
- Other	()ther	□Other	()thet	

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 baving 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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$,817,155, F.S.





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

DELAWARE, DO HEREBY CERTIFY "NREA SB I PRESIDENTS, 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.





Authentication: 202985126

Date: 03-23**-**23