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.

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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 : (614)280-3338 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

DEPARTMENT OF STATE VISION OF CORPORATION TALLAHASSEE. FLORIDA

Foreign Limited Liability Company FKH SFR H GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$932.50

To:

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

IN COMPTANCE WITH SECTION 66 0902, FLORIDA SEAUTEN THE POLLOWING IS SUBMITTED TO REGISTER A FOREKIN TEMITED DABILITY COMPANY TO TRANSICT BUSINESS IN THE STATE OF FLORIDA:

Her man or a sel bla man disman	name adopted for the purpose of transacting business in					
	name adoptice for the part use of transacting toisinesse in	rienda He	raffestiale same must melode Taimte	d Liability Company,	1.1.1	<i>∞</i> "11(,
DELAWARE 2		1	82-4218874			
(Jurisdiction under the law of which the sign limited liability company, is organized,		• •	(FI Luumber, il applicable)			
4 1711/2022 4						
	Date that thousanted business in Chands of proof to (See actions 605 0.004 & 405 0.005, U.S. to determ	nne penala	ii i Kabil.ivi			
1850 PARKWAY PLACE, SUITE 900 5		Ó	1850 PARKWAY PLAC			
(Street Address at Principal Office)			(Mailing Address)	(A		•
MARIETTA, GA 30067			MARIETTA, GA 30067		2024 FEB	e3 2 m
					EB 28	Luman Luman
7. Name and street address	ss of Florida registered agent (P.O. Bo	× <u>NOT</u> ;	avceptable)	TO CHES	PH	
Name	C T Corporation System			<u> </u>		
Office Address:	1200 South Pinc Island Road					
	Plantation		33324 Florida			
	(Civ)		(Zije dode)		

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

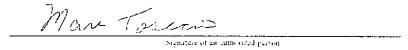
By: /s/ Sandra Zwijack, Assistant Secretary

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: Mare Toscano	≛ Manager	Name, Clifton B. Henis
⊒Member	Address: 875 Third Ave, 10 FL	□Member	Address 875 Third Ave. 10 FL
T Authorized	New York, NY 10022	T Authorized	New York, NY 10022
Person		Person	
COther		□Other	
∑ Manager	Name: Daniel Choquette	Manager	Name:
⊒Member	Address: 875 Third Ave, 10 FL	□ Member	Address:
	New York, NY 10022	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 translation must be submitted)
- 10. This document is executed in accordance with section (a)5-0203 (1) (b), Florida Statutes. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in 5,817,155, F.S.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "FKH SFR H GP, 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-SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "FKH SFR H

GP, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

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



Jeffrey W. Bulling's, Secastary of \$1500

Authentication: 202897711

To: