Florida Department of State

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.

(((H24000150122 3)))



H240001501223ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

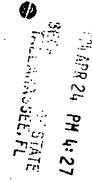
Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company **ENCORE SFR FINANCE, LLC**

Certificate of Status	0
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		COVER LETTER	H24000150122
	tration Section on of Corporations		
SUBJECT:	ENCORE SER FINANCE, LLC		
	Na	me of Limited Liability Company	
			isact Business in Florida," Certificate of company to transact business in Florida.
Please return a	Il correspondence concerning this matter	r to the following:	
	Brad Chmura		
		Name of Person	
	ENCORE SFR FINANCE, LLC		
	•	Firm/Company	1 - 11
	4000 Hollywood Blvd., Suite 555-S		
		Address	
	Hollywood, FT. 33021		
		City/State and Zip Code	
	compliance@encorefinance.com		
	E-mail address: (to	be used for future annual report notif	ication)
For further info	ormation concerning this matter, please of	call:	
Błake	: Gaines	786 7065462	
	Name of Contact Person	Area Code Dayti	me Telephone Number
	ng Address: stration Section	Street Address: Registration Section	
	sion of Corporations	Division of Corporation	
	Box 6327	The Centre of Tallahass	
Talla	hassee, FL 32314	2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810
Please	sed is a check for the following amount: make check payable to: FLORIDA DI 25.00 Filing Fee	EPARTMENT OF STATE	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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H24000150122

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:

I DAMIC TIMEVALIADIC, COXCE SIXCIDALC II	sme adopted for the purpose of transacting business in Fl	orida. The	alternate name must include "Limbe	d Liabilh	y Company," "L.1	C," or "I
Delaware		3.	93-3204822		, , ,	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI n	umber, if	applicable)		
September 18, 2023						
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration	a.) hability)		_	
4000 Hollywood Blvd.		4000 Hollywood Blvd.				
treet Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	6.	(Mailing Address)	•	Ø	
Suite 555-S			Suite 555-S		WB CA	i die
Hollywood, FL 33021			Hollywood, FL 33021			#PR
Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	•	1300A	Hd 13
Name:	Capitol Corporate Services, Inc.			: } F	STATE	կ։ 27
Office Address:	515 E. Park Avenue, 2nd FL			j	٠	
	Tallahassee		. Florida 32301			

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.

him Tadlock	Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.	
(Registered agent's signature)		

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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	<u>Y:</u>	Name and Address:
□Manager	Name: Elizabeth O'Brien	□Manager	Name:	
□Member	Address: 1350 Avenue of the Americas	□Member	Address:	
Authorized	20th i-loor	□ Authoriz e d		
Person	New York, NY 10019	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.

Elizabeth OBr	ien
	Signature of an authorized person
Elizabeth O'Brien	
	Typed or orinted name of Alence

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "ENCORE SFR FINANCE, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCORE SFR FINANCE, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

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

7652463 8300
SR# 20241633329
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203325222

Date: 04-24-24