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

Email Address: sosarnotices@skyviewgroup.com

Foreign Limited Liability Company  
NXRT Sabal Palms, LLC

|                       |          |
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| Certificate of Status | 0        |
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T. L. C. FAX  
AUG 22 2024

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NXRT SABAL PALMS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. Delaware 3. 47-1980267  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI Number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida or prior to registration) (See sections 605.001 & 605.0405, 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 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: سandra Zwijack C.T. Corporation System  
 Sandra Zwijack, Assistant Secretary  
(Registered agent's signature)

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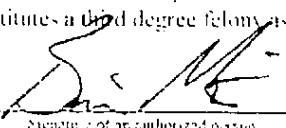
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: _____                              | <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 _____     |
| <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

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NXRT SABAL PALMS, 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-FIRST DAY OF AUGUST, A.D. 2024.

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



5603624 8300

SR# 20243473135

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 in a small font.

Authentication: 204209912

Date: 08-21-24