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(Parwata's Nama)					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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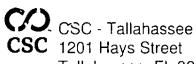
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SECRETARY OF STATE STATE OF COST DRAILOUR





Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 01/23/25 Order #: 1779942-1 Re: Beidfl I LLC

Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

		COVER LETTER	
	egistration Section ivision of Corporations		
	BEIDFL I LLC		
SUBJECT	':Name	e of Limited Liability Company	
The enclos Existence.	ed "Application by Foreign Limited Liability (and check are submitted to register the above (Company for Authorization to Transact Business in Florida." Certi- referenced foreign limited liability company to transact business in	ficate of Florida.
Please retu	rn all correspondence concerning this matter to	the following:	
	NA		
		Name of Person	
	Corporation Service Company		
		Firm/Company	
	1201 Hays Street		
		Address	
	Tallahassee, FL 32301		
	С	ity/State and Zip Code	
	legal@roofstock.com		
	E-mail address: (to be	used for future annual report notification)	
For further	information concerning this matter, please cal	l:	
_	Name of Contact Person	at () Area Code Daytime Telephone Number	
R D P	lailing Address: egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Į.	aclosed is a check for the following amount:		

☐ \$160.00 Filing Fee. Certificate

of Status & Certified Copy

Please make check payable to: FLORIDA DEPARTMENT OF STATE.

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee &

Certificate of Status

Certified Copy

and accept the obligations of my position as registered agent.

Corporation Service Company

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

EN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TLAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (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,") Delaware 86-3281701 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0903, F.S. to determine penalty liability) 58 S. River Dr., Suite 150 58 S. River Dr., Suite 150 (Mailing Address) (Street Address of Principal Office) Tempe, AZ 85288 Tempe, AZ 85288 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (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

-Shauna Godbolt

manage [up to six (6) Title or Capacity:	Name and Address:	Title or Capacity	: Name and Address:
□Manager	Name:Aries Housing LLC	□Manager	Name:
■Member	Address: 58 S. River Drive, Suite 150	□Member	Address:
□Authorized	Tempe, AZ 85288	□Authorized	
Person		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
9. Attached is a cert jurisdiction under the translator must 10. This document is	s executed in accordance with section 605.0 nent to the Department of State constitutes	r Florida Department of Statold, duly authenticated by the licate is in a foreign language 0203 (1) (b). Florida Statute	te Annual Report form. e official having custody of records in the e, a translation of the certificate under oa s. I am aware that any false information yided for in s.817.155, F.S.

Page 1

Delaware The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "BEIDFL I 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-SECOND DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEIDFL I LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

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

Kristopher E. Knight, Acting Secretary of State

Authentication: 202747692

Date: 01-22-25