

M22000012422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

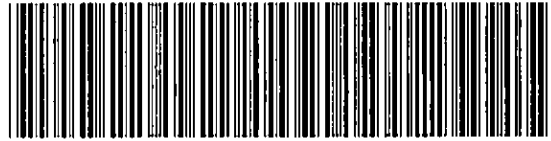
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 AUG -9 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

APPROVED  
AND  
FILED

AUG 09 2022  
K. Brumley

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 08/09/2022  
Acc#I20160000072

*en: c DW*

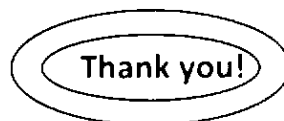
|             |                            |
|-------------|----------------------------|
| Name:       | SFR JV-2 DDTL BORROWER LLC |
| Document #: |                            |
| Order #:    | 14483808                   |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|   |  |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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| Availability _____  |
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|                   |
|-------------------|
| Amount: \$ 155.00 |
|-------------------|



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SFR JV-2 DDTL Borrower LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Veneziano

\_\_\_\_\_  
Name of Person

Tricon Residential Inc.

\_\_\_\_\_  
Firm/Company

7 St. Thomas Street, Suite 801

\_\_\_\_\_  
Address

Toronto, Ontario, Canada, M5S 2B7

\_\_\_\_\_  
City/State and Zip Code

mmarkus@triconresidential.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

hmcgarry@goulstonstorr.com

\_\_\_\_\_  
Name of Contact Person

at ( 617 )

\_\_\_\_\_  
Area Code

574-2280

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. SFR JV-2 DDTL Borrower LLC  
(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.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15771 Red Hill Avenue, Suite 100  
(Street Address of Principal Office)

6. 7 St. Thomas Street, Suite 801  
(Mailing Address)

Tustin, California

Toronto, Ontario, Canada

92780

MBS 2B7

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, Florida 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.

C T Corporation System

By: /s/ Lauren Kreatz, Vice President  
(Registered agent's signature)

2022 AUG - 9 PM 3: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

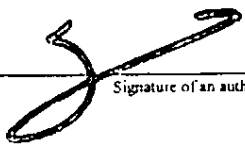
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>SFR JV-2 DDFL Equity Owner LLC</u>    | <input type="checkbox"/> Manager                                | Name: <u>David Veneziano</u>                   |
| <input checked="" type="checkbox"/> Member | Address: <u>7 St. Thomas Street, Suite 801</u> | <input type="checkbox"/> Member                                 | Address: <u>7 St. Thomas Street, Suite 801</u> |
| <input type="checkbox"/> Authorized        | <u>Toronto, Ontario, Canada, M5S 2B7</u>       | <input type="checkbox"/> Authorized                             | <u>Toronto, Ontario, Canada, M5S 2B7</u>       |
| Person                                     | <u>David Veneziano, Vice President</u>         | Person  | <u></u>  |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>         | <input checked="" type="checkbox"/> Other <u>Vice President</u> | <input type="checkbox"/> Other <u></u>         |
| <input type="checkbox"/> Manager           | Name: <u></u>                                  | <input type="checkbox"/> Manager                                | Name: <u></u>                                  |
| <input type="checkbox"/> Member            | Address: <u></u>                               | <input type="checkbox"/> Member                                 | Address: <u></u>                               |
| <input type="checkbox"/> Authorized        | <u></u>  | <input type="checkbox"/> Authorized                             | <u></u>  |
| Person                                     | <u></u>  | Person  | <u></u>  |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>         | <input type="checkbox"/> Other <u></u>                          | <input type="checkbox"/> Other <u></u>         |
| <input type="checkbox"/> Manager           | Name: <u></u>                                  | <input type="checkbox"/> Manager                                | Name: <u></u>                                  |
| <input type="checkbox"/> Member            | Address: <u></u>                               | <input type="checkbox"/> Member                                 | Address: <u></u>                               |
| <input type="checkbox"/> Authorized        | <u></u>  | <input type="checkbox"/> Authorized                             | <u></u>  |
| Person                                     | <u></u>  | Person  | <u></u>  |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>         | <input type="checkbox"/> Other <u></u>                          | <input type="checkbox"/> Other <u></u>         |

**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  
 David Veneziano  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SFR JV-2 DDTL BORROWER 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 NINTH DAY OF AUGUST, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State