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Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 SECRETARY OF STATE TAIL AHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MP-APTS, LLC

Certificate of Status	U
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EXAMINER

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: , MP-APTS, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4 04/01/2009 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1500 Main Street, Suite 2100 Springfield, MA 01115 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 🗸 9. The name and usual business addresses of the managing members or managers are as follows: Massachusetts Mutual Life Insurance Company c/o Babson Capital Management LLC 1500 Main Street, Suite 2100 Springfield, MA 01115 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a fineign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful business. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) William J. Jordan

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name unav	ailable, the alternate name to be used in the state of Florida is:		
2. The name	and the Florida street address of the registered agent and office are:		
	CT Corporation System		
	(Nume)	2009 TAL	
	1200 South Pine Island Road	2009 APR SECRET TALLAHI	77
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	TAR HASS	-
	Plantation, FL 33324 FL	SEE. T	F
	City/State/Zip	~ · · · · · · · · · · · · · · · · · · ·	To De Control
llability comp agent and agr relating to the	named as registered agent and to accept service of process for the above stated any at the place designated in this certificate. I hereby accept the appointment a see to act in this capacity. I further agree to comply with the provisions of all su s proper and complete performance of my duties, and I am familiar with and acc I my flosition as registered agent as provided for in Chapter 608, Florida Statute	nmuea —— s registered ntutes cept the	

Special Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

The First State

Delaware

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELARARE, DO HEREBY CERTIFY "MP-APTS, 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 FIRST DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4671868 8300

AUTHENTECATION: 7222659

DATE: 04-01-09