Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

Email Address: _____

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2017 MAY 18 PM 4:52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
BENEFIT STREET PARTNERS CRE CONDUIT COMPANY SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	02
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2017 MAY 18 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ER2E041 (1/14)

DOCUMENT # M15000008642

1. Limited Liability Company's Name
Benefit Street Partners CRE Conduit Company Services L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9 West 57th Street	9 West 57th Street
Suite, Apt. #, etc. Suite 4920	Suite, Apt. #, etc. Suite 4920
City & State New York, NY	City & State New York, NY
Zip 10019 Country USA	Zip 10019 Country USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
October 28, 2015

6. FEI Number
90-1037129
Applied For ☐
Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation State: FL Zip Code: 33324

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kenneth Vitale Date: 5/18/17
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip

11. Email Address: taxadmin@provequity.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager of the reviver, or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 5/17/17 Daytime Phone #: 212 328 6705

Typed or printed name of signing Authorized Representative/Manager: Jerome Baglin

MAY 1 [illegible] 2017