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(Address)

(Address)

(City/State/Zip/Phone #)

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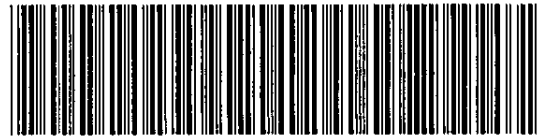
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DATE: 1/28/16

NAME: ESPLANADE APARTMENTS FL, LLC

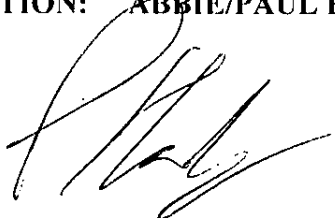
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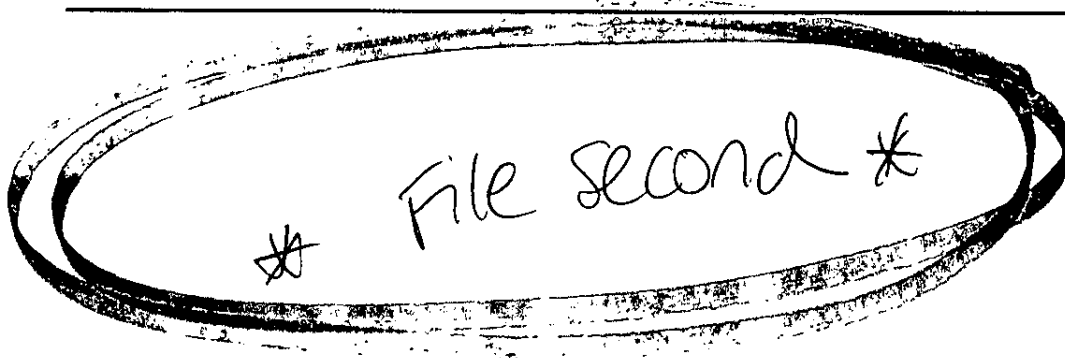
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AUTHORIZATION: ABBIE/PAUL HODGE





* File second *

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. ESPLANADE APARTMENTS FL, 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. 27-2941500

(FBI 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. C/O STARWOOD CAPITAL GROUP

591 WEST PUTNAM AVENUE, GREENWICH, CONNECTICUT 06830

(Street Address of Principal Office)

6. C/O STARWOOD CAPITAL GROUP

591 WEST PUTNAM AVENUE, GREENWICH, CONNECTICUT 06830

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(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.

Angel Nunez

(Registered agent's

Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

SOF-X MONUMENT HOLDINGS, L.P., MANAGER

C/O STARWOOD CAPITAL GROUP

591 WEST PUTNAM AVENUE, GREENWICH, CONNECTICUT 06830

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)

/S/ JEROME C. SILVEY

Signature of an authorized person

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.

JEROME C. SILVEY

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ESPLANADE APARTMENTS FL, 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-SEVENTH DAY OF JANUARY, A.D. 2016.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5948225 8300

SR# 20160424970

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201736148

Date: 01-27-16