## 1118000003671

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

Office Use Only



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18 APR 16 PH 4: 16

K SALY APR 1 : 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230: Phone: 850-558-1500

	ACCOUNT NO.	: 12000000195				
	REFERENCE	: 162385 4361510				
	AUTHORIZATION	Smilleran				
	COST LIMIT	: \$125.00				
ORDER DATE :	April 13, 2018					
ORDER TIME :	8:49 AM					
ORDER NO. :	162385-005					
CUSTOMER NO:	4361510					
FOREIGN FILINGS						

NAME: COLFIN 2018-4 INDUSTRIAL OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## COVER LETTER

	Registration Division of 0		s					
CHRIC		2018-4 Indus	strial Owner, LLC					
SUBJECT:Name of Limited Liability Company								
						unsact Business in Florida," Certificate of company to transact business in Florida.		
Please re	turn all corre	spondence c	oncerning this matter to the	following:				
	Dir	ector of Lega	al					
			N	ame of Person				
	Co	Colony NorthStar, Inc.						
			Fi	irm/Company	·			
	515	S. Flower S	street, 44th Floor					
				Address				
	Los	Angeles, C.	A 90071					
	City/State and Zip Code							
			E-mail address: (to be use	d for future annual	report not	ification)		
For furth	er informatio	n concerninț	this matter, please call:					
Linda Bodenstein			310 at (	552-718	80			
		Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section uilding cutive Center Circle				
	lis a check fo □ \$125.00 F		ing amount:  \$\Bigsire\$ \$\\$130.00\$ Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF FLORIDA:					
1. ColFin 2018-4 Industria	al Owner, LLC Limited Liability Company, must include "Limited	11 . L. L	7× n.			
(Name of Foreign	Limited Liability Company, must include "Limited	d Liability Company, T. L.C., or "Li	.c. )			
(If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC")			
2 Delaware		; 82-4540816	, ,			
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)		(FE) number, if applicable)			
4 upon filing						
4. upon ming	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	rgistration )	<del></del>			
5 515 S. Flower Street, 4		6. 515 S. Flower Street, 4	4th Floor			
(Street Address of F	Principal Office)		(Address)			
Los Angeles, CA 9007	<u> </u>	Los Angeles, CA 9007				
			43 - 6			
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	1957 <b>- 1</b>			
Name:	Corporation Service Company					
rvariie.	120111 5	_	复元 0			
Office Address:	1201 Hays Street	1201 Hays Street				
	Tallahassee	, Florida <u>32301</u>				
Registered agent's accep	(Cuy)		p ciste)			
designated in this applicate to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment a lons of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to	act in this capacity. I further agree			
Corporation Service Company 2 1 Can La Emily Croft			mily Croft			
	By: (Registered agent's	need 101	Vice President			
o 221 .5.6	5 1 11 · 61 · · · · · · · · · · · · · · ·					
Title or Capacity:	icity and address of the person(s) who ha Name and Address:	S/nave authority to manage is/at Title or Capacity:	Name and Address:			
Vice President, Secy	Ronald M. Sanders	Vice President, Treas	Darren J. Tangen			
vice i resident, beey	590 Madison Ave., 34th fl	- 100 1 1000000000000000000000000000000	515 S. Flower St., 44th fl			
	New York, NY 10022	<del>-</del>	Los Angeles, CA 90071			
CEO, President	Richard B. Saltzman	Vice President	Mark M. Hedstrom			
CEO, President	590 Madison Ave., 34th tl	- Vice President	515 S. Flower St., 44th fl			
	New York, NY 10022	- -	Los Angeles, CA 90071			
(Use attachments if necess	sary)					
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certificat					
	o the Department of State constitutes a thi					

Typed or printed name of signee

Mark M. Hedstrom, Vice President



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COLFIN 2018-4 INDUSTRIAL OWNER, 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 SIXTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLFIN 2018-4 INDUSTRIAL OWNER, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2018.

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

18 APR 16 AN B 10



6767902 8300

SR# 20182716901

Authentication: 202519145

Date: 04-16-18