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K. SALY NOV 7 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 472265 7875027 AUTHORIZATION COST LIMIT ORDER DATE: November 5, 2018 ORDER TIME : 10:20 AM ORDER NO. : 472265-005 CUSTOMER NO: 7875027 FOREIGN FILINGS CENTER STREET LENDING V SPE, NAME: LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## 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:

Center Street Lending	V SPE, LLC			
(Name of Foreign	Limited Liability Company, must include "I	Limited Liability Company, ""L L.C.," or "LLC")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business	s in Florida. The alternate name must include "Limited Link	nkry Company," "L.L.C." or "L.L.C.")	
2 Delaware				
[Junsdiction under the law of which foreign lensted hability company is organized]		(FEI mumb	(FEI number, of applicable)	
•				
<b></b>	(Date first transacted business in Florida, if p (See sections 605 0904 & 603 0905, F.S. in a	mor to registration.) determine penalty liability)		
s 18301 Von Karman, #	330	6. 18301 Von Karman, #330	きもつ	
(Street Address of Principal Office)		(Mailing Addr	<del>(11)</del>	
Irvine, CA 92612		Irvine, CA 92612		
			, in	
7. Name and street address	is of Florida registered agent: (P.O.	Box NOT acceptable)	9.5	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		·	
Office Address.		22201		
	Tallahassee (Cuv)	, Florida 32301 (Zrp.code	<del></del>	
Registered agent's accep		·		
ana accept the ounganos.	s of my position as registered agent Corporation Service Company By:  (Registered a		Roxanne Turner Asst. Vice President	
8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who was a substantial Name and Address:	ho has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:	
Manager	Center Street Lending		<u>-</u>	
	Management, LLC 18301 Von Karman #330	0		
	Irvine, CA 92612			
(Use attachments if neces	sary)	<del></del>		
O Amached is a semificate	of existence, no more than 90 days	old, duly authenticated by the official ha	vine custody of records in the	
y. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized. (If the certi-	ificate is in a foreign language, a translati	on of the certificate under oath	
10. This document is exec	uted in accordance with section 605	.0203 (1) (b), Florida Statutes. I am award	e that any false information	
submitted in a document to	the Department of State constitutes	s a third degree felony as provided for in s	s.817.155, F.S.	
	Sw	manure of an authorized person		
	Dag Wilkinson			
		yped or printed name of signer	<del></del>	

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CENTER STREET LENDING V SPE, 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 FIFTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTER STREET LENDING V SPE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2017.

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





Authentication: 203840039

Date: 11-05-18

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