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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (614)280-3338  
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: \_\_\_\_\_

FILED  
21 AUG 10 AM 10:26  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
MSBAM 2015-C21 KS UT FL HOTEL PROPERTIES, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

RECEIVED  
2021 AUG 10 PM 12:30  
TALLAHASSEE, FLORIDA

TK 8/11/21

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. MSBAM 2015-C21 KS UT FL HOTEL PROPERTIES, 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. 38-3952108 (FEI number, if applicable)

4. 07/13/2021 (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1601 Washington Avenue, Suite 700 (Street Address of Principal Office)
Miami Beach, FL 33139
6. 1601 Washington Avenue, Suite 700 (Mailing Address)
Miami Beach, FL 33139

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

FILED
21 AUG 10 AM 10:26

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.

By: Stephanie Henz (Registered agent's signature)
C T Corporation System
Stephanie Henz, assistant secretary 8/10/2021

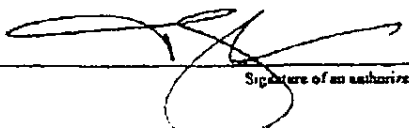
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                     | <u>Name and Address:</u>  | <u>Title or Capacity:</u>                     | <u>Name and Address:</u>             |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Manager              | Name: Wells Fargo Bank, National Association, as Trustee for<br>Morgan Stanley Bank of America Merrill Lynch Trust<br>2015-C21, Commercial Mortgage Pass-Through<br>Certificates Series 2015-C21, the Sole Member | <input type="checkbox"/> Manager              | Name: _____                          |
| <input checked="" type="checkbox"/> Member    | Address: 1601 Washington Avenue, Ste. 700<br>Miami Beach, FL 33139  | <input type="checkbox"/> Member               | Address: _____                       |
| <input type="checkbox"/> Authorized<br>Person | _____   | <input type="checkbox"/> Authorized<br>Person | _____                                |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager              | Name: _____   | <input type="checkbox"/> Manager              | Name: _____                          |
| <input type="checkbox"/> Member               | Address: _____  | <input type="checkbox"/> Member               | Address: _____                       |
| <input type="checkbox"/> Authorized<br>Person | _____   | <input type="checkbox"/> Authorized<br>Person | _____                                |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager              | Name: _____   | <input type="checkbox"/> Manager              | Name: _____                          |
| <input type="checkbox"/> Member               | Address: _____  | <input type="checkbox"/> Member               | Address: _____                       |
| <input type="checkbox"/> Authorized<br>Person | _____   | <input type="checkbox"/> Authorized<br>Person | _____                                |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
**Tausha Wagner**  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSBAM 2015-C21 KS UT FL HOTEL PROPERTIES, 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 TENTH DAY OF AUGUST, A.D. 2021.

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



*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

6079144 8300

SR# 20212934721

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203883580

Date: 08-10-21