

Document Number Only

M 9-7000000638

CT CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 222-1092  
City State Zip Phone

285.00

CORPORATION(S) NAME

Cornerstone Florida Hotel, LLC

97 SEP 26 PM 2: 19

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DIVISION OF CORPORATIONS

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- NonProfit
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THANKS, MELANIE ☺

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\*\*\*\*285.00 \*\*\*\*285.00

G. TAX FILING \_\_\_\_\_  
 R. AGENT FEE 250  
 C. COPY 35  
 TOTAL 285  
 N. BANK BALANCE DUE \_\_\_\_\_  
 PFFIND \_\_\_\_\_

9/26/97

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

**IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. Cornerstone Florida Hotel, L.L.C.  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present. Please Note: L.L.C. is not an acceptable suffix in Florida.)

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. September 23, 1997  
(Date of Organization)

5. September 23, 2017  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. c/o Cornerstone Real Estate Advisors, Inc.  
One Financial Plaza  
Hartford, CT 06103  
(Street address of principal office)

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 97 SEP 28 PM 2:19

8. List and indicate in title space provided the name, title, and business address of each managing member[MGRM] or manager[MGR]. It is not necessary to list members.  
(attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Massachusetts Mutual Life Insurance Company	MGRM	_____	_____
c/o Cornerstone Real Estate Advisors, Inc.		_____	
One Financial Plaza		_____	
Hartford, CT 06103		_____	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*800038*

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Cornerstone Florida Hotel, L.L.C.

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,

(P.O. Box not acceptable)

Plantation, Florida 33324

(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM



(Signature)

Charlie Shangang  
Assistant Secretary

(Title)

September 24, 1997

(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY**

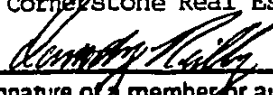
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The undersigned member or authorized representative of a member of \_\_\_\_\_  
Cornerstone Florida Hotel, L.L.C. \_\_\_\_\_ deposits and says:

- 1) the above named limited liability company has ~~at least two~~ <sup>ONE</sup> members
- 2) the total amount of cash contributed by the member(s) is \$ 33,000,100.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 0.00 . This total includes amounts from 2 and 3 above.

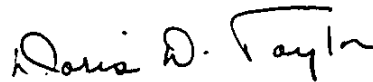
\$33,000,100.00

By: Massachusetts Mutual Life Insurance Company,  
a Massachusetts Corporation, its sole member  
By: Cornerstone Real Estate Advisers, Inc., Its authorized agent



Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David J. Reilly  
Executive Vice President



DORIS D. TAYLOR  
Notary Public Within and for  
the State of Connecticut  
MY COMMISSION EXPIRES JULY 31, 1998

Filing Fee: \$ 52.50 for Affidavit

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORNERSTONE FLORIDA HOTEL, L.L.C." 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-FIFTH DAY OF SEPTEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

8668891

09-25-97