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(Requestor's Name)
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ION SERVICE COMPANY	
ACCOUNT NO. : 12000000195	
REFERENCE : 739454 4361510	
AUTHORIZATION : Spelle Record	
COST LIMIT : \$ 125.0.0	<u> </u>
ORDER DATE : July 25, 2013	2013
ORDER TIME : 3:55 PM	
ORDER NO. : 739454-005	25 1835 1835
CUSTOMER NO: 4361510	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
FOREIGN FILINGS	
NAME: COLFIN AH-FLORIDA 5, LLC	
XXXX QUALIFICATION (TYPE: LL)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight EXT# 52956	

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ColFin AH-Florida 5, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Com	N. W. L. O. W. L. W. J. G. W.
(Name of Foreign Limited Liability Company; must include "Limited Liability Com	pany," "L.L.Ç.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business is consent of the managers or managing members adopting the alternate name. The alternate namenum "L.L.C," "LLC.")	
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI numl company is organized)	oer, if applicable)
4. 07/24/2013 5. Perpetual	
(Date of Organization) (Duration: Year limite exist or "perpetual")	d liability company will cease to
. ,	
6(Date first transacted business in Florida, if prior to registration	
(See sections 608.501 & 608.502 F.S. to determine penalty liabil	. 25 ASSE
2450 Broadway, 6th Floor	i‴i,⊸. r
Santa Monica, CA 90404	717 ( 15%1 1777 ( 1572 )
(Street Address of Principal Office)	
3. If limited liability company is a manager-managed company, check here	
<ol><li>The name and usual business addresses of the managing members or man</li></ol>	agers are as follows:
CSFR ColFin American Investors, LLC	
2450 Broadway, 6th Floor	
Santa Monica, CA 90404	
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the coanslation of the certificate under eath of the translator must be submitted.)	ertificate is in a foreign language, a
1. Nature of business or purposes to be conducted or promoted in Florida:	Ownership of real property
1 (1)	
	<u> </u>
Signature of a member or an authorized representative	of a member
(In accordance with section 608.408(3), F.S., the execution of this document constit	
penalties of perjury that the facts stated herein are true. I am aware that any false document to the Department of State constitutes a third degree felony as pr	information submitted in a
David A. Palame	
Typed or printed name of signee	

## 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability	y Company is:		
ColFin AH-Flori	da 5, LLC			_
If unavailable,	the alternate to be use	ed in the state of Florida is:		
2. The name a	nd the Florida street a	ddress of the registered agent and office are:	FACCA FACCA	2013 W
	Corporation Service (	Company	<b>第</b> 55 次55 の5	JE 25
		(Name)		
	1201 Hays Street	•	7.5 7.5	S.
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	ĝ.	<b>63</b>
	Tallahassee	FL 32301		
		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 as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

Sue G. Knight

(Signature) Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

CR2E027 (9/10)

#### COVER LETTER

		ColFin AH-Florida 5, LLC	
вјест: _			and the same of th
		Name of Limited Liability Company	
enclosed "A tence, and c	Application by Foreign Limited L check are submitted to register th	iability Company for Authorization to Transact Busine above referenced foreign limited liability company t	ess in Florida," Certificate o transact business in Flor
se return all	correspondence concerning this	matter to the following:	
		Linda Bodenstein	. ~
		Name of Person	
		Colony Capital, LLC	2013 JUL 25
		Firm/Company	25
		2450 Broadway, 6th Floor	
	•	Address	
		Santa Monica, CA 90404	
		City/State and Zip Code	
		lbodenstein@colonyinc.com	
	E-mail address	: (to be used for future annual report notification)	
further infor	mation concerning this matter, pl	ease call:	
	Linda Bodenstein	310 552-7180 at ( )	
	Name of Person	Area Code & Daytime Telephone Number	
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "COLFIN AH-FLORIDA 5, 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-FIFTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLFIN AH-FLORIDA 5, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2013.

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

5372166 8300

130919351

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 0615804

DATE: 07-25-13

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