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Florida Department of State
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

Carlyle/Meridian Pinellas, L.P.

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File First
H06-219279

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. Carlyle/Meridian Pinellas, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware (State or Country of Formation)

3. 08/29/2006 (Date of Formation)

4. C T Corporation System
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)

6. *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 an accept the obligations of my position as registered agent.*
C T Corporation System
By: Connie Bu
Signature of Registered Agent

7. 1001 Pennsylvania Avenue NW, Washington DC 20004
(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 1001 Pennsylvania Avenue NW, Washington DC 20004
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Carlyle Pinellas GP, L.L.C. (Name)	1001 Pennsylvania Avenue NW (Street Address)
M06-4853	Washington DC 20004
	same as above (Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

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TALLAHASSEE, FLORIDA

(Name) (Street Address)

(Mailing Address)

(Name) (Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 31 day of August, 20 06.

Signature of a general partner:

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARLYLE/MERIDIAN PINELLAS, L.P." 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-NINTH DAY OF AUGUST, A.D. 2006.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 5005925

DATE: 08-29-06