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## FLORIDA/FOREIGNLP/LLLP VIII MANAGEMENT, L.P.

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Y SULKER

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN PLORIDA

If name unavailable, name under which the limited pa business in F	utnership or limited Hability limited partnership pr lorida; must contain acceptable suffix.	oposes to register to transact
2. Delaware	3, 12/17/2007	
State or Country of Formation 4. Federal Employer Identification Number: 26-159	Date of Formation 2633	
5. Name of Registered Agent for Service of Process C T Corporation System		
1200 South Pine Island Road		
Plantation, Florida 33324		
of all statutes relative to the proper and complete pour position as registered agent.  C T Corporation By:	on System Auge Shearer	on Control of Control
Sig	nature of Registered Agent	5 C
Sig 7. Principal Office:	nature of Registered Agent 8. Mailing Address:	C 13
_	- •	, m-1 w 1
7. Principal Office:	8. Mailing Address:	C 13 AM ED &
7. Principal Office: 1601 Washington Avenue, #800	8. Mailing Address: 1601 Washington Avenue, #800 Miami Beach, FL 33139	3 <b>A</b> 5
7. Principal Office: 1601 Washington Avenue, #800 Miami Beach, FL 33139  9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing address.	8. Mailing Address: 1601 Washington Avenue, #800 Miami Beach, FL 33139  d partnership, check box dress of each general partner:	3 <b>A</b> 5
7. Principal Office: 1601 Washington Avenue, #800 Miami Beach, FL 33139  9. If limited partnership is a limited liability limited	8. Mailing Address: 1601 Washington Avenue, #800 Miami Beach, FL 33139  d partnership, check box dress of each general partner:	3 <b>A</b> 5
7. Principal Office: 1601 Washington Avenue, #800 Miami Beach, FL 33139  9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing address.	8. Mailing Address: 1601 Washington Avenue, #800 Miami Beach, FL 33139  d partnership, check box . dress of each general partner: L.C. Name of General Partner:	3 <b>A</b> 5
7. Principal Office: 1601 Washington Avenue, #800  Miami Beach, FL 33139  9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing ad Name of General Partner:  1601 Washington Avenue #800	8. Mailing Address: 1601 Washington Avenue, #800 Miami Beach, FL 33139  d partnership, check box .  dress of each general partner: L.C. Name of General Partner:	3 <b>A</b> 5
7. Principal Office: 1601 Washington Avenue, #800 Miami Beach, FL 33139  9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing address of General Partner: Starwood Funds GP, L.1 Street Address: 1601 Washington Avenue, #800	8. Mailing Address:  1601 Washington Avenue, #800  Miami Beach, FL 33139  d partnership, check box .  dress of each general partner:  L.C. Name of General Partner:  Street Address:	3 <b>A</b> 5
7. Principal Office: 1601 Washington Avenue, #800  Miami Beach, FL 33139  9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing address of General Partner:  Street Address:  Miami Beach, FL 33139  1601 Washington Avenue, #800	8. Mailing Address:  1601 Washington Avenue, #800  Miami Beach, FL 33139  d partnership, check box .  dress of each general partner:  L.C. Name of General Partner:  Street Address:	3 AN LO. 87
7. Principal Office: 1601 Washington Avenue, #800  Miami Beach, FL 33139  9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing address of General Partner:  Street Address:  Miami Beach, FL 33139  Mailing Address:  Miami Beach, FL 33139	8. Mailing Address:  1601 Washington Avenue, #800  Miami Beach, FL 33139  d partnership, check box .  dress of each general partner:  L.C. Name of General Partner:  Street Address:	3 AM ID: 87

		age i of 2		
Name of General Partner:		Name of General I	arner:	
Street Address:		Street Address: _	<u> </u>	
Mailing Address:		Malling Address:_		
11. Effective date, if other than t	the date of filing: nor more than 90 days after the	date this document is	filed by the Florida Department of State.)	
Florida Department of State, by the the law of which it is organized.	e Secretary of State or other off  day of DC(CMbc F	ficial having custody of		:r
		dFunds GP, L.L.C.	ito general par trier	
The individual signing this docum submitted in a document to the De	Nick Anton ent affirm that the facts stated b		zed Person individual is aware that false information provided for in s.817.155, F.S.	. ,
Fliing Fees: Certified Copy Certificate of S	(optional): \$5	.,000.00 (\$965 Filing F 12.50 1.75	ee and \$35 Registered Agent Fee)	
	Pag	ge 2 of 2		

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "VIII MANAGEMENT, 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 EIGHTH DAY OF DECEMBER, A.D. 2016.

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

4475428 8300

SR# 20166967854

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

Authentication: 203470773

Date: 12-08-16