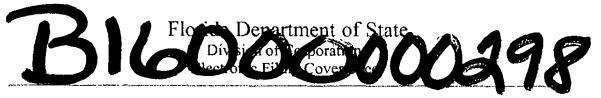
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O SIMMONS DEC 1 4 2016

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

	rinership suffixes: Limited Parinershi ibility Limited Parinership suffixes: Li	imited Liability Limited Partnership, L.L.L.P. or LLLP	,
If name unavailable,		hip or limited liability limited partnership proposes to a ; must contain acceptable suffix.	register to transmet
2. Dolaware		3, 2/12/2010	Sia 品
Stat	e or Country of Formation Identification Number: 27-2240667	Date of Formation	6 DEC 13 AM 10: 08 WISION OF SOLUTION
		Sauda Comat Address	<u> </u>
	i Agent for Service of Process and Fi	iorias order Venten:	
C T Corporation Syste	лп		EL STATE
1200 South Pine Islan	d Road		08 08
Plantation, Florida 33	324		<i>y.</i>
my position as regis	By: C T Corporation Sys	nance of my duties, and I am familiar with and accept to stem Oull Shearer of Registered Agent	
7. Principal Office:		8. Malling Address:	
1601 Washington Avenue, #800		1601 Washington Avenue, #800	
1601 Washington Av			
Miami Beach, FL 331	39	Miami Beach, FL 33139	-
Miami Beach, FL 331 9. If limited partner. 10. Name, principal	thip is a limited liability limited part	Miami Beach, FL 33139 tnership, check box . of each general partner:	- -
Miami Beach, FL 331 9. If limited partner. 10. Name, principal Name of General	thip is a limited liability limited part office address, and mailing address of Partner, Starwood Funds GP, L.L.C.	Miami Beach, FL 33139 tnership, check box . of each general partner: Name of General Partner:	- -
9. If limited partner. 10. Name, principal Name of General Street Address:	ship is a limited liability limited part office address, and mailing address of Partner, Starwood Funds GP, L.L.C. 1601 Washington Avenue, #800	Miami Beach, FL 33139 tnership, check box . of each general partner:	
Miami Beach, FL 331 9. If limited partner 10. Name, principal Name of General Street Address:	office address, and mailing address office address, and mailing address of Partner. Starwood Funds GP, L.L.C. 1601 Washington Avenue, #800 Miami Beach, FL 33139	Miami Beach, FL 33139 tnership, check box . of each general partner: Name of General Partner: Street Address:	
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Name of General Partner:	Name of Cisneral Partner:
Street Address:	Street Address:
Mailing Address:	Multing Address:
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 m Florida Department of State, by the Secretary of State or other off the law of which it is organized. Signed this	icial having custody of the entity's records in the jurisdiction under
	nds GP, L.I.C. its general partner
Signature of Nick Antonopo The individual signing this document affirm that the facts stated is submitted in a document to the Department of State constitutes a	
Certified Copy (optional): \$5	,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 2.50 .75

Page 2 of 2

16 DEC 13 AM IO: 08

ON ISON OF CARD OF JULYO

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIII-J 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.

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

4788170 8300

SR# 20166967853

Authentication: 203470765

Date: 12-08-16