Baccoccoas

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instruction	s to Filing Officer			

Office Use Only



600339677996

2020 JAN 24 AN IT: 53





CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 150746 7283904

AUTHORIZATION

COST LIMIT

ORDER DATE: January 23, 2020

ORDER TIME : 9:35 AM

ORDER NO. : 150746-010

CUSTOMER NO: 7283904

FOREIGN FILINGS

NAME: CV NLA II LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

FILE 2nd



Division of Corporations						
SUBJECT: CV NLA II LP						
Name of Foreign Limited Pa	artnership or Limited	Liability Limit	ted Partnership	<u>—</u>		
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this		o register a fore	eign limited partnersh	ip or limit	ed liab	ility limited
Irina Shurinova						
Contact Person		_				
iStar Inc.						
Firm/Company		_				
1114 Avenue of the Americas, 39th Floor				-	~3	
Address		_		A.E.	1020	
New York, NY 10036				A.E.	2020 JAN 24	
City, State and Zip Code		—		ASE:	2	FILED
ishurinova@istar.com				SEE.		
E-mail address: (to be used for future annual re	port notification)	_			3 K	111
For further information concerning this matter, p	lease call:			STATE FLORIDA	5դ : h Wd	\cup
Irina Shurinova	at (415	263-8643		401 315	ណ្ឌ	
Name of Contact Person	 '	and Daytime To	elephone Number			
Enclosed is a check for the following amount:				•		
\$1,000.00 Filing Fees \$1,008.75 Filing F (\$965 Filing Fee and S35 Registered Agent Fee) \$1,000.00 Filing Fees and Certificate of Status	Fees \$1,052.50 F and Certifie	d Copy (\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD Registration Set Division of Cor P. O. Box 6327 Tallahassee, FL	ction porations				

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

CV NLA IELP

(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. 3._05/07/2019 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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 and accept the obligations of my position as registered agent. Corporation Service Company Kadesha Roberson Asst. Vice President Signature of Registered Agent 7. Principal Office: 8. Mailing Address: c/o iStar Inc. 1114 Avenue of the Americas, 39th Floor New York, NY 10036 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner:_ CV NLA II GenPar LLC Name of General Partner:______ 1114 Avenue of the Americas, 39th Floor Street Address: Street Address: New York, NY 10036 Mailing Address: Mailing Address: Name of General Partner:______ Name of General Partner:______ _____ Street Address: Street Address: Mailing Address: _____ Mailing Address: ____

Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
Note: If the date inscrted in this block does not document's effective date on the Department of 12. Attached is a certificate of existence duly at	thenticated, not more than 90 days prior to the delivery of this application to the State or other official having custody of the entity's records in the jurisdiction underly	ie
	Signature of a general partner Signature of a general partner	

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

Certificate of Status (optional):

\$52.50

\$8.75

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "CV NLA II LP" 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-THIRD DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CV NLA II LP"
WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2019.

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

2020 JAN 24 PH 4: 45
TALLAHASSEE, FLORIDA



Authentication: 202246774

Date: 01-23-20