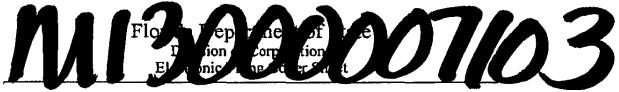
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA0000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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13 NOV -8 AM II: 30

SECRETARY OF STATE

### Foreign Limited Liability Company Uptown Park Apartments II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

NOV 1 2 2013

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Help

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

[ Uptown Park Aperiments II, LLC [Name of Poreign Limited Liability Company; must include "Limited Liability Company; must include "Liability Company "Liability "	Company (C. P. C. Par W. J. C. P.	
frame or consider manney combany, and motive maines highling	A combination are uppered.	
(If name unavailable, enter alternate name adopted for the purpose of transcoting busiconsent of the managers or managing members adopting the alternate name. The alter Company," "L.L.C." "LLC.")	iness in Planta and attach a copy of the written rate name must include "Limited Mability	
2. Delaware 3.		•
(Jurisdiction under the law of which foreign limited liability (Figure company is organized)	I number, if applicable)	
4. November 6, 2013 5, Perpetual	• _	
(Date of Organization) (Duration; Year exist or "perpetu	limited liability company will cease to usi")	
6. (Date that transacted business in Plonda, if prior to region (See sections 608,501 & 608,502 P.S. to determine penalty	undon.)	
·	y Hability)	
7. S25 One Center Blvd.		2013
Altamonte Springs, FL 32701	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Street Address of Principal Office)		NOV
8. If limited liability company is a manager-managed company, check i	here D	8
9. The name and usual business addresses of the managing members or	Section 1.	EK
Uplown Park Aparlments, LLC	CON COR	=
525 One Canice Blvd.		0
Altamonte Springs, Fl. 32701		
10. Attached is an original certificate of existence, no more than 90 days old, duly authorithe jurisdiction under the law of which it is originated. (A photocopy is not acceptable. If restation of the certificate under only of the translator must be submitted.) <ol> <li>Nature of business or purposes to be conducted or promoted in Flori</li> </ol>	Theoerificam is in a Breign language, a	
Ch W by		•
Signature of a member or an authorized represents	ative of a member.	
(In accordance with section 508.406(3), F.S., the execution of this decument or products of perjury that the facts stated forein are true. I am aware that any document to the Department of State constitutes a third degree falony t	false information submitted in a	
Charles W. Kosloaky		
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.

•	e of the Limited Clabilli	ility Company is:		
Uptown Park	Apartments II, LLC			
If unavailab	le, the alternate to be use	used in the state of Florida is:		Ì
2. The name	o and the Florida street a	address of the registered agent and office are:		}
		CT Corporation System		
	<del></del>	(Name)		
•	,	1200 South Pine Island Road		
	Florida S	a Street Address (P.O. Box NOT ACCEPTABLE)		
	Plentation	33324	201	
		City/Sixte/Zip	3=	-
liability oom; registered ag statutes relati	pany at the place designa rent and agree to act in th ing to the proper and cor	igent and to accept service of process for the above stated limited mated in this ownificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, Florida	2013 NOV -8 AH II: 1	
	By: CTCon	(Signature) SPECIAL ASST. SECRETARY	0	
	S	\$ 100.00 Piling Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)		

5.00 Cortificate of States (optional)

#### City West REIT Inc.

November 6, 2013

Florida Secretary of State

Re: City West Anartments II. LLC-Consent to Use of Name in Florida

Dear Sir or Madam:

City West REIT Inc., a Delaware corporation, does hereby consent to and approve the use of the name City West Apartments II, LLC for all purposes in the State of Florida by City West Apartments II, LLC, a Delaware limited liability company.

City West REIT Inc.
a Delaware corporation

By:
Name:
Title:

By:
Name:
Estate

Title:

Esseutive vice President

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "UPTOWN PARK APARTMENTS II, 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 SEVENTH DAY OF NOVEMBER, A.D. 2013.

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

5427943 8300

131270216

You may verify this certificate online at corp. dolaware. my/author. shtml

AUTHENTICATION: 0876037

DATE: 11-07-13