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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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ACCOUNT NO. : 12000000195

REFERENCE: 967540 4361510

AUTHORIZATION

COST LIMIT

ORDER DATE: January 17, 2014

ORDER TIME: 8:52 AM

ORDER NO. : 967540-005

CUSTOMER NO: 4361510

FOREIGN FILINGS

NAME: METRO FL-MULTIFAMILY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

| | stration Section sion of Corporations | |
|-----------------------|---|--|
| SUBJECT: | , | Metro FL-Multifamily, LLC |
| ochoeci. | } | Name of Limited Liability Company |
| | | iability Company for Authorization to Transact Business in Florida," Certificate of e above referenced foreign limited liability company to transact business in Florida |
| Please return | all correspondence concerning this | matter to the following: |
| | | Linda Bodenstein |
| | | Name of Person |
| | | Colony Capital, LLC |
| | | Firm/Company |
| | | 2450 Broadway, Sixth Floor |
| | | Address |
| | | Santa Monica, CA 90404 |
| | | City/State and Zip Code |
| | | lbodenstein@colonyinc.com |
| | E-mail address | s: (to be used for future annual report notification) |
| For further in | ormation concerning this matter, pl | case call: |
| | Linda Bodenstein | at (310) 282-8820 |
| | Name of Person | Area Code Daytime Telephone Number |
| Divis Regi P.O. | LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| | a check for the following amo 25.00 Filing Fee \$\square\$ | ling Fee & \$\Bigsim \$\\$155.00 \text{ Filing Fee & }\Bigsim \$\\$160.00 \text{ Filing Fee, Certificate} |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Metro FL-Multifamily, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2450 Broadway, Sixth Floor Santa Monica, CA 90404 (Street Address of Principal Office) 2450 Broadway, Sixth Floor Santa Monica, CA 90404 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are See attached sheet. 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a

translation of the certificate under oath of the translator must be submitted.)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Lam aware that any 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.)

David A. Palamé

Typed or printed name of signee.

Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Metro-FL Multifamily, LLC

- 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
- Thomas J. Barrack, Jr., Chief Executive Officer, 2450 Broadway, Sixth Floor, Santa Monica, CA 90404
- Richard B. Saltzman, President, 712 Fifth Avenue, 35th Floor, New York, NY 10019
- Mark M. Hedstrom, Vice President, Secretary, Treasurer, 2450 Broadway, Sixth Floor, Santa Monica, CA 90404
- Ronald M. Sanders, Vice President, 712 Fifth Avenue, 35th Floor, New York, NY 10019
- Jonathan H. Grunzweig, Vice President, 2450 Broadway, Sixth Floor, Santa Monica, CA 90404
- David A. Palamé, Assistant Secretary, 712 Fifth Avenue, 35th Floor, New York, NY 10019

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name | of the Limited Liability (| Company is: | |
|--|-----------------------------|---|--|
| | Metro FL- | Multifamily, LLC | |
| If unavailable | e, the alternate to be used | in the state of Florida is: | |
| 2. The name | • | lress of the registered agent and office are: | |
| Corporation Service Company | | | |
| | (Name) | | |
| | 1201 Hays Street | | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Tallahassee | FL 32301 | |
| | | City/State/Zip | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company

By:

(Signature)

Sue G. Knight

Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "METRO FL-MULTIFAMILY, 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METRO FL-MULTIFAMILY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2014.

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

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140085948

AUTHENTICATION: 1081558

DATE: 01-24-14

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