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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ON'SERVICE COMPANY		
ACCOUNT NO.	: 12000000195	
REFERENCE	: 264681 7490443	
AUTHORIZATION		
COST LIMIT	Spelle man	
ORDER DATE : August 20, 2014		
ORDER TIME : 3:42 PM		
ORDER NO. : 264681-195		
CUSTOMER NO: 7490443		
FOREIGN FI	ILINGS	
NAME: CMP I MELBOURN	NE OWNER LLC	2014
XXXX QUALIFICATION (TYPE: LI		2014 AUG 21
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	of Su
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING	· 31
CONTACT PERSON: Courtney Willi	iams EXT# 62935	
	EXAMINER:	

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	CMP I Melbourne Owner LLC			
dobuten _	Name	of Limited Liability Company		
The enclosed " Existence, and	Application by Foreign Limited Liabi check are submitted to register the ab	lity Company for Authorization ove referenced foreign limited	on to Transact Business in Florida," Certifica I liability company to transact business in Flo	ne of orida
Please return a	Il correspondence concerning this mat	ter to the following:		
	Carol Mayers			
		Name of Person		
	NorthStar Asset Managem	ent Group Inc.		
		Firm/Company		
	399 Park Avenue, 18th Flo	oor	- 1200 M	<u>:</u>
		Address		<u>.</u>
	New York, NY 10022		ort notification)	ა -
		City/State and Zip Code		्रम
	cmayers@nsamgroup.com	1		. <u>.</u>
	E-mail address:	(to be used for future annual repo	ort notification)	يت
For further info	ormation concerning this matter, pleas	e call:		
Caro	ol Mayers	212 at (547-2621	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Divisi Regist P.O. E	LING ADDRESS: tion of Corporations tration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 266! Executive Center Circ Tallahassee, FL 32301	Je	
	a check for the following amou: 25.00 Filing Fee S130.00 Filing Certificate of	g Fee & S155.00 Filing		

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 WABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CMP I Melbourne Owner LLC	·
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L	.LC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	: must include "Limited
Delaware 3	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	:)
4. 08/01/2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 399 Park Ave., 18th Floor	
New York, NY 10022	200
(Street Address of Principal Office)	
6. 399 Park Ave., 18th Floor	2 F
New York, NY 10022	79 20 10
(Mailing Address)	E CO CO
7. The name, title or capacity and address of the person(s) who has/have authority to man-	-9 3 Jak
CMP I Owner-T, LLC, Sole Member	5.*
399 Park Ave., 18th Floor	
New York, NY 10022	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A pho acceptable. If the certificate is in a foreign language, a translation of the certificate under or 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 ann aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for Jenny B. Neslin	otocopy is not ath of the translator
Total	

Typed or printed name of signee

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.

CMP I Melboi	urne Owner LLC			
f unavailable	e, the alternate to be used in	the state of Florida is:	`	
2. The name	and the Florida street addre	ss of the registered agent and office are:	• •	20
	Corporation Service Comp	pany		2014 AUG 2 SEGRETAF TALLEBAS
		(Name)	٠٠	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
•	1201 Hays Street			300 mg
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	_	25
	Tallahassee	32301 FL		원급 <u>의</u>

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)

Troy Todd

as its agent

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CMP I MELBOURNE OWNER 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 TWENTIETH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CMP I MELBOURNE OWNER LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2014.

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

5568272 8300

141093415

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 1636276

DATE: 08-20-14

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