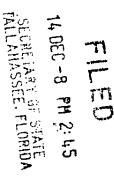
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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DEPARTMENT OF STATE

14 DEC - 3 PM 2: 03

JAN - 6 2015

T. BROWN



REFERENCE: 409246 4361510

AUTHORIZATION :

Sprellelle

COST LIMIT : \$ 125.00

ORDER DATE: December 4, 2014

ORDER TIME : 11:46 AM

ORDER NO. : 409246-005

CUSTOMER NO: 4361510

FOREIGN FILINGS

NAME: COLFIN COBALT I-II OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section **Division of Corporations**

ColFin Cobalt I-II Owner, LLC

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:					
Linda Bodenstein					
Name of Person					
ColFin Cobalt I-II Owner, LLC					
Firm/Company					
2450 Broadway, Sixth Floor					
Address					
Santa Monica, CA 90404					
City/State and Zip Code					
lbodenstein@colonyinc.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Linda Bodenstein 310 552-7180					
Name of Contact Person Area Code Daytime Telephone Number					

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount
--

□ \$130.00 Filing Fee & □ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2014

RESUBMIT

Please give original submission date as file date.

CSC COURTNEY WILLIAMS TALLAHASSEE, FL

SUBJECT: COLFIN COBALT I-II OWNER, LLC

Ref. Number: W14000073223

We have received your document for COLFIN COBALT I-II OWNER, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPersons (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 314A00025873

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:

1. ColFin Cobalt 1-II Owner, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
DE A. A
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2450 Broadway, Sixth Floor
Santa Monica, CA 90404
(Street Address of Principal Office)
_{6.} Same as above.
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ColFin Cobalt I-II Mezz, LLC (AUTHORIZED PERSON)
2450 Broadway, Sixth Floor
Santa Monica, CA 90404
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 arm 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. Palame
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.

The name of ColFin Cobalt I-I	the Limited Liability (Company is:	THE REST
If unavailable, t	he alternate to be used	in the state of Florida is:	C. C
2. The name an	d the Florida street add	ress of the registered agent and office are:	gr.
	Corporation Service Cor	mpany	
		(Name)	
	1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			Mindrana B
	Tallahassee	32301 FL	
		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)

Courtney Williams

Asst. 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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "COLFIN COBALT I-II 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 FIFTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLFIN COBALT I-II OWNER, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2014.

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

5637595 8300

141491733

AUTHENTY CATION: 1925929

DATE: 12-05-14

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