M1600004041

(Reque	stor's Name)			
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DEPARTMENT OF SIA

MAY 2 3 2016 Y SULKER

W16-36579

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 144861 4374025

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: May 17, 2016

ORDER TIME: 4:18 PM

ORDER NO. : 144861-085

CUSTOMER NO: 4374025

FOREIGN FILINGS

NAME: LOFTS STUDENT TT, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:



May 20, 2016

CORPORATION SERVICE COMPANY COURTNEY WILLIAMS

SUBJECT: LOFTS STUDENT TT, LLC

Ref. Number: W16000036579

Please give original submission date as file date.

We have received your document for LOFTS STUDENT TT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 516A00010702

RECEIVED

THAY 20 PM 1:57

SUFFICIENCY PM 1:57

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Lofts Student TT, LLC					
	Name of I	Limited Liability Company				
The end Existen	closed "Application by Foreign Limited Liability Compace, and check are submitted to register the above refere	pany for Authorization to T enced foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida			
Please	return all correspondence concerning this matter to the	following:				
	Michelle Kaler					
	N	ame of Person				
	c/o Investcorp					
	Fi	rm/Company				
280 Park Avenue, 36W						
		Address				
	New York, NY 10017					
City/State and Zip Code						
	realestate@investcorp.com					
	E-mail address: (to be use	d for future annual report r	otification)			
For fur	rther information concerning this matter, please call:					
	Michelle Kaler	212 703-	1215			
	Name of Contact Person	Area Code D	aytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registi Cliftor 2661 E	ET ADDRESS: on of Corporations ration Section Building executive Center Circle assee, FL 32301			
Enclos	sed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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:

Lofts Student TT, LLC	SUVESS IN THE STATE OF PLORIDA:			
1.	eign Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," o	r "LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting busing or "LLC.")	ess in Florida. The alternate na	me must include "Limite	ed
2 Delaware	3. n/a			
	of which foreign limited liability	(FEI number, if applicable	e)	
4. May 17, 2016				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determi	to registration.) ne penalty liability)		
5. c/o Investcorp 280 Par			6 MAY	
New York, NY 10017			SS ASS	errand divine
,	(Street Address of Principal Office)		SEI SEI	[
6. same	· · · · · · · · · · · · · · · · · · ·			
U			9: 1	
	(Mailing Address)		- ĝá 5	
7 Name and a control		. 11 \	7.>	
/. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acce	ptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street	_		
	Tallahassee	, Florida 32301 (Zip code)		
	(City)	(Zip code)	_	
designated in this applicate to complywith the provisi	raince: registered agent and to accept service of process for a stion, I hereby accept the appointment as registered ons of all statutes relative to the proper and comple my position as registered agent. Corporation Service Company	agent and agree to act in t	his capacity. I furthe es, and I am familiar	r agree with an
	By:		Courtney Will Asst. Vice Pre	ciden
	(Registered agent's signature	e)	Asst. Vice Fie	3,001
	acity and address of the person(s) who has/have auth			
F. Jonathan Dracos, Presi	dent - 280 Park Avenue 36W New York, NY 10017			
H. Herbert Myers, VP- sa	une as above	120 122 122 122 122 122 122 122 122 122		
J. Michael O'Brien, VP -	same as above			
	- Ith	eign language, a translation		
	Signature of an authorized pers			
	f in accordance with section 605.0203 (1) (b), Florida to the Department of State constitutes a third degree for			
	H. Herbert Myers			

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LOFTS STUDENT TT, 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 NINETEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOFTS STUDENT TT, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2016.

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

Authentication: 202346691

Date: 05-19-16