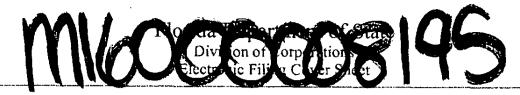
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Division of Corporations



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COVER LETTER

TO:		stration Section sion of Corporation	on;						
SUBJE		CIP II/WS Tampa	Holdings LLC						
40140	~···		Name of	Limited Liability	Company				
The enc Existen	co, enc	"Application by Po I check are submitte	reign Limited Liability Con ed to register the above refe	npany for Authoriz renced foreign limi	ation to Tr ted liabili	ransact Business in Flo ty company to transact	rida," Ceri business i	ificate n Florid	o <i>:</i> la
Please r	eturn (all correspondence	concerning this matter to the	o following:					
		Carla Mangan	iello						
				lame of Person		·· ····			
		CrossHarbor C	Capital Partners LLC						
	Firm/Company								
		One Boston Pl	nce, Suite 2310						
				Address	,				
		Boston, MA 02	2108						
			City/s	itate and Zip Code	· · · · · ·				
		cmanganiello@c	rossharborcapital.com						
For furth	er info	rmation concernin	E-mail address: (to be use g this matter, please call:	g for fatole subur	report no	nucanon)			
	Carla	Manganiello		617 _at (624.83	55			
	•	Name o	f Contact Person	Area Code	Day	time Telephone Numb	er		
	Divisi Regist P.O. E	ING ADDRESS: on of Corporations ration Section Sox 6327 assec, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section wilding cutive Center Circle see, FL 32301	TAS SE	16	
		heck for the follow 5.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certifled Copy	g Fce &	□ \$160.00 Filing Fe of Status & Certiflet		001 13 NH 8 58	

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

IN COMPLIANCE WITH SECTION 60,0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CIP II/HG Wellington	Holdings LLC			
(Name of For	reign Limited Liability Company; must i	nolude "Limited Liab	oility Company," "L.L.C.," or	TLC.")
Liability Company,""L.L.C.	ilternate name adopted for the purpose o	f transacting business	in Florida. The alternate nam	e must include "Limited
2. Dolaware		47-4756937		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4. August 20, 2015				
	(Date first transacted business (See sections 605,0904 & 605,090	in Florida, if prior to	registration.)	
5. One Boston Place, Sui			pengty naxity)	
Boston, MA 02108				
	(Street Address of Prin	cipal Office)		
6. One Boston Place, Suit	is 2310			
Boston, MA 02108				
	(Malling Add	ress)		
7. Name and street addres	s of Florida registered agent: (P.O.)	Box <u>NOT</u> accepta	ble)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·		
	Plantation		, Florida 33324 (Zip code)	
Registered agent's accept	(City)		(Zip code)	
lesignated in this applicat to complywith the provision accept the obligations of n	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- try position as registered agent, C T Corporation System (Registered	nt as registered ago per and complete p	ent and agree to act in this	capacity. I further agree
•	city and address of the person(s) who mager, 601 Bayshore Boulevard, Su			高
	LLC, Manager, One Boston Piace,			一
3.0		0410 20 101 2000	1.0102100	
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. Attached is a certificate of trisdiction under the law of f the translator must be sui	<u> </u>	id, duly authentical leate is in a foreign	ted by the official having cu language, a translation of t	astody of records in the the certificate under oath
ubmitted in a document to	in accordance with section 605,0203 the Department of State constitutes a Patrick O'Sullivan	(1) (b), Florida Su		

Typed or printed name of signes

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CIP II/HG WELLINGTON HOLDINGS 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 THIRTEENTH DAY OF OCTOBER, A.D. 2016.

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

5794679 8300 SR# 20166194732

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

Josticy W. Bullock, Secretary of State

Authentication: 203156611

Date: 10-13-16