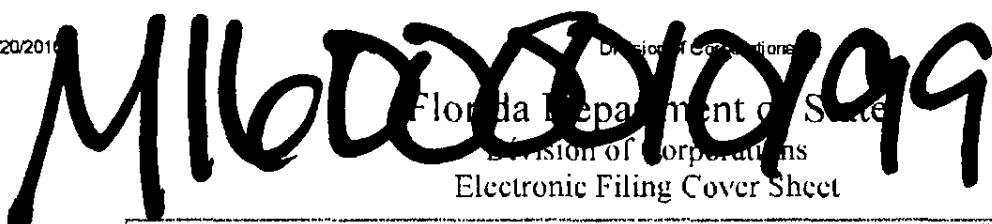


12/20/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-5383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

16 DEC 20 AM 10:11
SPECIAL AGENT OF THE STATE
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
CIP 2014 Tampa Hotel LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

DEC 21 2016

S. YOUNG

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COVER LETTER

TO: **Registration Section**
Division of Corporations

CIP 2014 Tampa Hotel LLC
SUBJECT: _____

Name of Limited Liability Company

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.

Please return all correspondence concerning this matter to the following:

Carla Manganiello

 Name of Person

CrossHarbor Capital Partners LLC

 Firm/Company

One Boston Place, Suite 2310

 Address

Boston, MA 02108

 City/State and Zip Code

cmanganiello@crossharborcapital.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Manganiello	at	617	624.8355
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:

\$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

16 DEC 20 AM 10: 11
 DEPT. OF STATE
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**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. CIP 2014 Tampa Hotel LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "L.L.C.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-4835469

(PEI number, if applicable)

4. April 21, 2016

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Boston Place, Suite 2310

Boston, MA 02108

(Street Address of Principal Office)

6. One Boston Place, Suite 2310

Boston, MA 02108

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Lauren Kreatz
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CIP 2014 Equity REIT LLC, Member Manager, One Boston Place, Suite 2310, Boston, MA 02108

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am 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.

Patrick O'Sullivan

Typed or printed name of signee

15 DEC 20 AM 10: 11
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIP 2014 TAMPA HOTEL 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 DECEMBER, A.D. 2016.

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

16 DEC 20 AM 10: 11
JEFFREY W. BULLOCK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6020320 8300

SR# 20167176385

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203551222

Date: 12-20-16