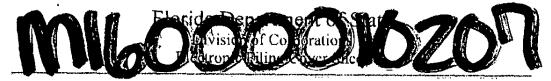
12/20/2016

Division of Corporations



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)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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Foreign Limited Liability Company . CIP 2014 Gainesville Hotel LLC

Certificate of Status	0
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Corporate Filing Menu

Help

D. SCOTT DEC 21 2016 TO: Registration Section

COVER LETTER

Div	ision of Corporation	ns .								
SUBJECT:	CIP 2014 Gainesville Hotel LLC									
Bom der.	Name of Limited Liability Company									
The enclosed Existence, an	"Application by Ford check are submitted	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certificate of company to transact business in Florida					
Please return	all correspondence	concerning this matter to the	following:							
	Carla Mangani	eilo								
	Name of Person									
	CrossHarbor C	apital Partners LLC								
	<u> </u>	F	irm/Company							
	One Boston Pla	ace, Suite 2310				an				
		<u> </u>	Address							
	Boston, MA 02	1108								
		City/S	tate and Zip Code							
	cmanganiello@c	rossharborcapital.com			TASE SE					
		E-mail address: (to be use	d for future annual	report not	ification)					
For further in	formation concerning	g this matter, please call:			10 20 10 20 10 20 10 20					
Carla Manganiello		617 at (624,83							
	Name o	f Contact Person	Area Code	Day	time Telephone Number					
Div Reg P.O.	ILING ADDRESS; sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	time Telephone Number ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301					
	check for the follow 125.00 Piling Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	S155,00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	£ 1.				

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: CIP 2014 Gainesville Hotel 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.") 2. Delaware Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) May 26, 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) One Boston Place, Suite 2310 Boston, MA 02108 (Street Address of Principal Office) One Boston Place, Suite 2310 Boston, MA 02108 (Mailing Address) 7. Name and atrect address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Florida 33324 Plantation (City) 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and ham familial with and accept the obligations of my position as registered agent C T Corporation System Kornj Wold (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: CTP 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.

Typed or printed name of signee

Patrick O'Sullivan - Authorized Person

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CIP 2014 GAINESVILLE 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 TAXES HAVE BEEN PAID TO DATE.



5753414 8300

SR# 20167176373

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

Authentication: 203551215

Date: 12-20-16