| M170 | 2002493 |
|--|--|
| (Requestor's Name) (Address) (Address) | 700297066067 |
| (City/State/Zip/Phone #) | 17 MAR 23 AH & FT |
| Office Use Only | RECEIVED SECRETARY OF STATE TALLAHASSEE, FLORIDA MAR 2 4 2017 Y SULKER |

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| | ACCOUNT NO. | : | 120000000 |)195 | |
|--------------|----------------|-----|-------------------------|---------|--|
| | REFERENCE | : | 566502 | 7396281 | |
| | AUTHORIZATION | : C | Smithel | enda | |
| | COST LIMIT | : | (^ \$ 125.00 | | |
| | | | | | |
| ORDER DATE : | March 22, 2017 | | | | |
| ORDER TIME : | 10:50 AM | | | | |
| ORDER NO. : | 566502-010 | | | | |
| CUSTOMER NO: | 7396281 | | | | |

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FOREIGN FILINGS

NAME: BREIT MF SAN MERANO 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: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

BREIT MF San Merano 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:

Ann M. Schneider Name of Person Equity Office Firm/Company 222 S. Riverside Plaza, #2000 Address Chicago, IL 60606 City/State and Zip Code ann_schneider@equityoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 312 466-3607 Ann M. Schneider at Area Code Daytime Telephone Number Name of Contact Person STREET ADDRESS: MAILING ADDRESS: Division of Corporations **Division of Corporations** Registration Section **Registration Section** P.O, Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount:

■ \$125.00 Filing Fee ↓ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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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. BREIT MF San Merano LLC

_ Delaware

(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.")

Applied For

| 2. | Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | <u> </u> | | |
|----|---|--|--|------------------------------------|----------|-------------|
| 4. | 222 S. Riverside Plaza | (Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to d | prior to registration.) etermine penalty liability) | | | |
| 5. | Chicago, IL 60606 | , <u>388</u> , 2000 | | | | |
| 6. | c/o Ann M. Schneider, | (Street Address of Principal Office 222 S. Riverside Plaza, #2000 |) | | ***** | |
| | Chicago, IL 60606 | (Mailing Address) | | 11 1400 1500 1000 1000 | IT HAR | |
| 7. | | s of Florida registered agent: (P.O. Box <u>NOT</u> Corporation Service Company | _acceptable) | ASSET | No No | ••• |
| | Name: Office Address: | 1201 Hays Street | | | Alti 🗜 | ; ; ; |
| | | Tallahassee (City) | , Florida <u>32301</u> (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: | Harris | |
|---------------------------|--------------------------------|----------------------|
| | (Registered agent's signature) | |
| (refising then s strange) | | Asst. Vice President |

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

BREIT MF Holdings LLC - Sole Member

345 Park Avenue, New York, NY 10154

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.

Glenn Alba, Managing Director and Vice President

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BREIT MF SAN MERANO 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 TWENTY-SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREIT MF SAN MERANO LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2017.

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



of State

Authentication: 202247493

Date: 03-22-17

Page 1

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