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COVER LETTER

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SUBJECT:						
he enclosed Existence, ar	l "Application by Fo id check are submitte	reign Limited Liability Comp ed to register the above refer	sany for Authorizati enced foreign limite	ion to Tra d liability	nnsact Business in Florida," Cer y company to transact business	tifica in Fl
lease return	all correspondence	concerning this matter to the	following:			
	Julianne Blane	hette				
		N,	anc of Person			
	CSH 2017-1 G	ioneral Partner, LLC				
	Fimi/Company					
	8665 E Hartfo:	rd Drive				
	Address					
	Scottsdale, AZ	85255				
		City/8	tate and Zip Code		<u> </u>	
	Entity@colonys					
		E-mail address: (to be use	for future annual	report not	tification)	
For further in	aformation concernis	ng this matter, please call:				
Juli	anne Blanchette		480 at (800-34	76	
	Name	of Contact Person	Area Code	Day	viine Telephone Number	
Div Reg P _. O	ALING ADDRESS ision of Corporation istration Section . Box 6327 lahassee, FL 32314	<u>:</u> s		Division Registrat Clitton B 2661 Exc	FADDRESS: of Corporations tion Section Building spotive Center Circle see, FL 32301	
	a check for the tollov 1125.00 Filing Fee	ving amount II \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	-	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

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

IN COMPILANCE WITH SECTION 6050202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA CSH 2017-1 General Pariner, 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 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if judor to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 8665 E Hartford Drive Scottsdale, AZ 85255 (Street Address of Principal Office) 8665 E Hartford Drive Scottsdale, AZ 85255 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability anginany 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 stances relative to the proper and complete performance of my duties, unil am failliar with and accept the obligations of my position as registered agent. CT Corporation System By: Jin Song Assistant Secretary (Registered agent's signature) 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Colony Starwood Hoines Management, LLC, Manager 8665 E Hartford Drive Scottsdale, AZ 85255 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 outh of the translator must be submitted) Signature of an nuthorized 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 \$.817.155, F.S.

Julianne Hlanchette, Assistant Scoretary for the Manager

Typod or printed name of signifi-

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CSH 2017-1 GENERAL PARTNER, 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 FOURTEENTH DAY OF JULY, A.D. 2017.

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

45

6451864 8300
SR# 20175232360
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202883147

Date: 07-14-17