NADOC	010398
(Requestor's Name) (Address)	700304358987
(Address) (City/State/Zip/Phone #)	17 DEC - 2 AH 8: 49
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
Office Use Only	DEC 1 1 2017 Y SULKER

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

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			ACCOUNT NO.	:	12000000195	
			REFERENCE	:	945936 7396281	
			AUTHORIZATION	:	Spelle man	
			COST LIMIT	:		
ORDER	DATE	:	December 7, 2017			
ORDER	TIME	:	9:08 AM			

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- ORDER NO. : 945936-005
- CUSTOMER NO: 7396281

# FOREIGN FILINGS

.

NAME: BREIT MF KENDALL PHASE I 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: Roxanne Turner -- EXT# 62969

EXAMINER:

### COVER LETTER

#### TO: Registration Section Division of Corporations

•

BREIT MF Kendall Phase I LLC

SUBJECT: \_\_\_\_

• •

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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	······································
	Revantage Corporate Services LLC		
		Firm/Company	
	222 S. Riverside Plaza, Suite 2000		
		Address	· · _ · _ · _ · _ ·
	Chicago, IL 60606		
	Ci	ty/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	aschneider@revantage.com		
	E-mail address: (to be	used for future annual	report notification)
or further inf	formation concerning this matter, please call	:	
Ann	Schneider	312 at (	466-3607
<b>_</b> _	Name of Contact Person	Area Code	Daytime Telephone Number
	LING ADDRESS:		STREET ADDRESS:
	tion of Corporations		Division of Corporations
	stration Section		Registration Section
	Box 6327		Clifton Building
Talla	hassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$

S130.00 Filing Fee & S Certificate of Status Cert

□ \$155.00 Filing Fee & Certified Copy □ \$160.00 Filing Fee, Certificate 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 605,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-HMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

### 1 BREIT MF Kendall Phase I LLC

name unavailante, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LI.C.")
Delaware		3. Applied for	
Uurisdiction under the law of w	hich foreign limited liability company is organized)	(fEl nun	nber, if applicable)
Upon registration			
·	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905; F.S. to determine	egistration (	
222 S. Riverside Plaza	,#2000	6. c/o Ann M. Schneider (Mailing Ad	
(Street Address of I		(Mailing Ad	dress)
Chicago, IL 60606		222 S. Riverside Plaza, St	nite 2000
		Chicago, IL 60606	
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	
Name:	Corporation Service Company	. <u> </u>	DEC
Office Address:	1201 Hays Street		1
	Tallahassee	, Florida <u>32301</u> (Zap ce	***
tegistered agent's accep	(Cny)		
laving been named as re esignated in this applica comply with the provis nd accept the obligation	•	process for the above stated limite is registered agent and agree to ac and complete performance of my supportune) s/have authority to manage is/are:	d liability company at the pla t in this capacity. I further a duties, and I am familiar wi Roxanne Turr Asst. Vice Presi
laving been named as re esignated in this applica comply with the provis nd accept the obligation	tance: gistered agent and to accept service of f tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's	process for the above stated limite s registered agent and agree to ac and complete performance of my signature)	d liability company at the pla t in this capacity. I further a duties, and I am familiar wi Roxanne Tuff
laving been named as re esignated in this applica comply with the provis nd accept the obligation 8. The name, title or cap	tance; gistered agent and to accept service of f tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's acity and address of the person(s) who ha	process for the above stated limite is registered agent and agree to ac and complete performance of my supportune) s/have authority to manage is/are:	d liability company at the pla t in this capacity. I further a duties, and I am familiar wi Roxanne Turr Asst. Vice Presi
laving been named as re esignated in this applica comply with the provis nd accept the obligation 8. The name, title or caps <u>Title or Capacity</u> :	tance: rgistered agent and to accept service of f tion, I hereby accept the appointment a. ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's acity and address of the person(s) who ha <u>Name and Address:</u> BREIT MF Kendall Holdco LLC <u>222 S. Riverside Plaza</u>	process for the above stated limite is registered agent and agree to ac and complete performance of my supportune) s/have authority to manage is/are:	d liability company at the pla t in this capacity. I further a duties, and I am familiar wi Roxanne Turr Asst. Vice Presi
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(Use attachments if necessary)

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)

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

Signature of an authorized person

Ann M. Schneider

lyped 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 KENDALL PHASE I 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 EIGHTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREIT MF KENDALL PHASE I LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2017.

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

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Page 1

Jeffrey W. Butlech, Secretary of State

Authentication: 203713231 Date: 12-08-17

6647517 8300 SR# 20177458501

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