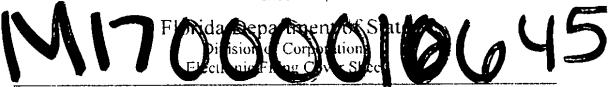
12/14/2017

Division of Corporations



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## Foreign Limited Liability Company IMP Delray LLC

Certificate of Status	0
Certified Copy	0
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Help

## 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 I IMP Delray LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If manic unavailable, error alternate name adopted for the purpose of transacting business in Florida. The alternate name next include "Limited Liability Company," "L.L.C," or "LLC,") 3. 52-3564025 2. Delaware (Jurisdiction under the law of which foreign hunted liability company is organized) (PEI purplet, if applicable) Upon filing (Date first transacted business in Florida of prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) 6. 125 High Street 5. 125 High Street (Mailing Address) (Street Address of Prescipal Office) High Street Tower, 27th Floor High Street Tower, 27th Ploor Boston, MA 02110 Boston, MA 02110 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 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. Leslie Martin C T Corporation System By: **Assistant Secretary** 8. The name, title or capacity and address of the person(s) who has/have aux ority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Institutional Multifamily Sole Member Partnera LLC 125 High Street, 27th Floor Boston, MA 02110 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felopy is provided for in s.817.155, F.S.

> Vice President Typed or printed name of algree

> > \*:::

Mallese Fand



Page 1

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

DELAWARE, DO HEREBY CERTIFY "IMP DELRAY 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 DECEMBER, A.D. 2017.

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

6639511 8300

SR# 20177581076

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

Jahling Vi. Bulleth, Decemary of State

Authentication: 203761842

Date: 12-14-17