M18000	063665
(Requestor's Name) (Address)	500311815195
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	MI APR 16 AH 8 SV
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	18 APR 16 PH 2: 24
Office Use Only	LPR TARRIES J. HARRIES

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

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ACCOUNT NO.	: 12000000195
REFERENCE	: 163025 7396281
AUTHORIZATION	Sprellenan
COST LIMIT	
ORDER DATE : April 16, 2018	

- **2**
- ORDER TIME : 11:18 AM
- ORDER NO. : 163025-010
- CUSTOMER NO: 7396281

### FOREIGN FILINGS

NAME :	BREIT	MF	KNIGHTSBRIDGE	OWNER	
	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:

#### TO: Registration Section Division of Corporations

# BREIT MF Knightsbridge Owner LLC

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 Schneider

Name of Person

Revailage Corporate Services LLC

Firm/Company

222 S. Riverside Plaza, Suite 2000

Address

Chicago, IL 60606

City/State and Zip Code

aschneider@revantage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

312 at (\_\_\_\_\_\_ Area Code Ann Schneider 466-3607 Name of Contact Person Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: **Division of Corporations Division of Corporations** Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:

\$125.00 Filing Fee

 \$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
 Status & Certified Copy

### 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 Knightsbridge Owner LLC

. .

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LL C.," or "LLC.")

(117	ame unavailable, onter alternate n	aue adopted for the purpose of transacting business in Florid	ia. The alternate	name must include "Limited	Lability Company, 7 °L	I.C." or "I.	TC)	
$_{2}$ I	Delaware		з Арр	lied for				
(Jurischerion under the law of which foreign limited liability company is organized)					number, 13 applicable)	· · _· · · · ·		
4.	Upon registration							
		(Date first transacted business in Florida, if prior to reg (See soctions 605,0904 & 605,0905, F.S. to determine	gistration ) : penalty hability	)				
<b>5</b> .	233 S. Wacker Drive,	#4200	6 c/o A	Ann Schneider		24	~2	
-	(Street Address of i	Principal Office)	<u></u>		Address)		_	
Chicago, 1L 60606			222 S. Riverside Plaza, #2000				A	11
			Chic	ago, 1L 60606		2777 3412	20	- الأسالين:
						<u> </u>	ີ ອີ	
7.	Name and street address	ss of Florida registered agent: (P.O. Box )	<u>NOT</u> accep	table)		in en	NR	57
	Name:	Corporation Service Company						्र स्वयमन्
	ivanic.			_		· · · ·	œ	- <sup>2</sup>
	Office Address:	1201 Hays Street				Ę.	39	
		Tallahassee		_, Florida _32301				
(Cry)			(Zip code		code)			
Re	gistered agent's accep	tance;						
Ha	wing been named as re	gistered agent and to accept service of pro-	ocess for th	ne above stated limi	ted liability com	pany at t	he plac	C.C.
		tion, I hereby accept the appointment as a						
to	comply with the provisi	ions of all statute <mark>s relat</mark> ive to the proper a	and complet	e performance of n	ny duties, and I a	im famil	liar wit	h
an	d accept the obligation.	s of my position as registered agent.			F	loxann	ie Tur	ner
		Corporation Service Company	Jan.	11	Ass	st. Vice	e Pres	sident
		(Registered agenta's sig	plature)					
8	The name, title or cap:	acity and address of the person(s) who has	/have autho	rity to manage islag				
Ο.	Title or Capacity:	Name and Address:		<u>Capacity:</u>	Name and	Address	<u>;:</u>	
	Sole Member	BREIT MF Knightsbridge Parent LLC	Managi	ing Dir. & VP	Melissa Pia	inko		
		222 S. Riverside Plaza #2000			345 Park A			
		Chicago, IL 60606			New York.	NY 101	54	
								<u> </u>
					***			

(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 telony as provided for in s.817.155. F.S.

.6 L Signature of an authorized person

Ann M. Schneider, Asst. Secretary

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BREIT MF KNIGHTSBRIDGE OWNER 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 SIXTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREIT MF KNIGHTSBRIDGE OWNER LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2018.

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



s.b. Secontary of State

Authentication: 202516217 Date: 04-16-18

Page 1

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SR# 20182704717 You may verify this certificate online at corp.delaware.gov/authver.shtml