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B FIGUEROA.

APR 1 7 2018

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

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ACCOUNT	NO.	:	I2000000195

REFERENCE : 163025

COST LIMIT :

AUTHORIZATION :

7396281 Kenas \$ İ

- ORDER DATE : April 16, 2018
- ORDER TIME : 11:16 AM

- ORDER NO. : 163025-005
- CUSTOMER NO: 7396281

FOREIGN FILINGS

NAME: BREIT MF ARIUM 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:

COVER LETTER

TO: Registration Section Division of Corporations

. . .

BREIT MF Arium Owner 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 Schneider

Name of Person

Revantage Corporate Services LLC

Firm/Company

222 S. Riverside Plaza, Suite 2000

Address

Chicago, 11, 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:

Ann Schneider		312 ²	166-3607
Name	of Contact Person	Arca Code	Daytime Telephone Number
MAILING ADDRESS	<u>:</u>	ST	REET ADDRESS:
Division of Corporation	\$	Di	vision of Corporations
Registration Section			gistration Section
P.O. Box 6327			ifton Building
Tallahassee, FL 32314			61 Executive Center Circle
			llahassee, FL 32301
Enclosed is a check for the follow	ving amount:		
S125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing F Certified Copy	ee & D \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•:---

1. BREIT MF Arium Owner LLC

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(Name of Foreign Limited Lability Company; must include "Limited Lability Company," "L.L.C.," or "LLC.")

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family and accept the obligations of my position as registered agent. Corporation Service Company By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	(Persubition and the law of which Kerger Institud liability company is organized) (PET number, if applicable) Upon registration (Due is the transacted boardest in Florida, if prov to regulations) (See sections 605,0004 & 603,0005, F.S. to determine persubly liability) 233 S. Wacker Drive, #4200 6. (Sec Address of Principal Office) 6. Chicago, IL 60606 222 S. Riverside Plaza, #2000 Name and street address of Florida registered agent: (P.O. 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Chicago, IL 60606 Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>Corporation Service Company</u> Office Address: <u>1201 Hays Street</u> <u>Tallahassee</u> . Florida <u>32301</u> (City) . Florida <u>32301</u> (City) . Florida <u>32301</u> (City) . Florida <u>1000 (City)</u> . Florida <u>1000 (City)</u> egistered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent. Corporation service Company <u>By:</u> <u>(Registered agent's signature)</u> . The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Chicago, IL 60606 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee . Florida (City) . Florida Gegistered agent's acceptance: . Florida aving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I haveby accept the appointment as registered agent and garee to act in this capacity. I furth complete performance of my duties, and I am familial accept the obligations of my position as registered agent Corporation Service Company	Chicago, IL 60606 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee Florida (City) Florida (City) Florida (City) Florida (City) Corporation Service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and to accept service of process for the above stated limited liability company at the comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiati accept the obligations of my position as registered agent (Registered agent's signality) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Sole Member BREIT MF Arium Parent LLC Managing Dir. & VP Melissa Planko 345 Park Avenue	Chicago, IL 60606 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee	Chicago, IL 60606 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee . Florida 32301 (Civ) . Florida 32301 (Civ) . Florida 32301 (Civ) . Florida 32301 (Civ) . Florida 100 accept ac	(Street Address of I	'rincipal Office)		Address)	
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Ann M. Schneider, Asst. Secretary

Typed or printed name of signce



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BREIT MF ARIUM 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 ARIUM 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.



Jettrey W. Bullach, Secretary of State

Authentication: 202516212 Date: 04-16-18

Page 1

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SR# 20182704677 You may verify this certificate online at corp.delaware.gov/authver.shtml