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Account Number : FCA000000023 Phone : (514)280-3338

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Foreign Limited Etability Company CPI Lowe's City TRS, L.L.C.

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Marlian

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $\frac{1}{2}$ $\frac{1}{2}$

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING ÉSUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY 10 TRANSACT BU	SINES, EVILLE STATE OF FIXMUM.			
L. CPI Lowe's City TRS, L	L.C.		A CONTRACTOR OF THE PROPERTY O	
(Name of Foreign I	imited Liability Company, must include	"Limited Liabilit	y Company, L.L.S., Or (3.8.)	
			1.1.011	In Community L.C. of 111 (C.)
(If name unavadable, enter alternate ra	une adopted for the purpose of transacting business	ss in Florida. The e	stemate name must include "Luigited Liabil	my Company. Direct, or Lett.
2. Delaware		3.	applied for-	T. (fapphcable)
Description under the law of wir	ich toreign limited liability company is organized	5)	(PER numer	1. (1 abjuncame)
The second Companies				
4. Upon qualification	(Date first transacted business in Florida, i	pro to repetitto	n.)	
	(Nee sections 635 6904 & 605 0905, FS s	O mercatrates branchis	140,	,
5. 1001 Pennsylvania Av	e NW	6.	1001 Pennsylvania Avc NW	556)
(Street Address of P	rinerpal Office)		Suite 220 South	,
Suite 220 South			Washington DC 20004	
Washington DC 20004			Washington DC 20004	
,				
7 Name and street address	ss of Florida registered agent: (P.)	O. Box <u>NOT</u>	acceptable)	
7. Titalia and ottoria				
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
Office Address.			312 7. 1117	
	Plantation	- 3 HP	Florida 33324	
	(Ciny)		~	
Registered agent's accep		des of proces	s for the above stated limited	liability company at the place
designated in this applied	ation, I hereby accept the appoint tions of all statutes relative to the	proper_And c	omplete performance of my	duties and I am familiar with
10 comply with the provid-	is of my position as registered ag	ent / JA	00 0 5/2	
and accept the obligation	C T Corneration Sy	stem (M)	XI YOURE	Assistant Secretary
	Dy.	ed agent's signature	<u> </u>	
			T-1** ·	i i i
8. The name title or car	oacity and address of the person(s)	who has/hav	e authority to manage is/are:	
Title or Capacity:	Name and Address:		Title or Cupacity:	Name and Address:
	Carlyle Property Inves	stors (marter)	PEIT) LLC.	ブ・
Sole Member	1001 Pennsylvania Av			
	Washington DC 2000-	\$		
.,,,				
(Use attachments if nece	ecan/)			
				minum tody of records in the
9. Attached is a certificat	te of existence, no more than 90 d	ays old, duly	authenticated by the official na	tion of the certificate under oath
iurisdiction under the lay	v of which it is organized. (If the c	certificate is in	i a toreign language, ii iransia	Harris me certificate disease
of the translator must be			•	
	ecuted in accordance with section	605 020G (1a)	(b), Florida Siguites, I am awa	ire that any false information
10. This document is ext	to the Department of State constit	utes a third de	gree telony as provided for in	t s.817.155, F.S.
submined in a document	to the trepartment of state		•	
			4 2	
		Signature of an a	PRINCIPLE SELECTION	
			•	
	Stacy M. Rosenthal		A	
		Typed or printe	d name of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CPI LOWE'S CITY TRS, L.L.C." 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

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



6857713 8300 SR# 20182998315

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

Authentication: 202575639

Date: 04-25-18