4/25/2018



Florida Department of State

Division of Corporations' Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)289-3338

Fax Number

: (954)208-0845

Enter the email address for this business ⊕ntity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company CPI Lowe's City Owner, L.L.C.

Certificate of Status Certified Copy Page Count \$155.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA γ^{\prime}

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CPI Lowe's City Owner, L.L.C. (Nume of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LL.C.") iff name may adable, enter afternate name adopted for the purpose of transacting business in Florids. The alternate many must include "Lumited Liability Company," "L.L.C." or "L.L.C." applied for 2. Delaware () I I number, if applicable) (Jurisdiction under the law of which foreign limited hisbility company is organized) Upon qualification 100: Pennsylvania Ave NW 1001 Pennsylvania Ave NW (Marline Address) (Streat Address of Pimeinal Office) Suite 220 South Suite 220 South Washington DC 20004 Washington DC 20004 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. Angei Shearer C T Corporation System Assistant Secretary (Registered agent's signature 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Carlyle Property Investors (Moster REIT) Sole Member 1001 Pennsylvania Ave NW Washington DC 20004 (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 felony as provided for in s.817.155, F.S.

Signature of an authorized person

Typed or printed name of signer

Stacy M. Rosenthal

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 OWNER, 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.

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6857709 8300 SR# 20182998314

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

Authentication: 202575638

Date: 04-25-18