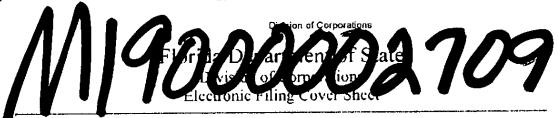
3/19/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000093012 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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## Foreign Limited Liability Company MP Webster Park LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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

(Name of Foreign I	imited Liability Company; must include "Limit	ed Liability Compan	y,""L.L.C.,"					
ne mayallable, enter alternale ra	me adopted for the purpose of transacting business in Fl	orida. The alternate mut	se must include "Limited Liability Cor	aquarry," "LL.C," or "LLC.")				
elaware		83-31 3.	83-3190212					
(Auristiction under the law of wh	ch foreign limited liability company is organized)	<u> </u>	(FEI manber, if ap)	olicable)				
	(Date first transactial business in Florida, if prior t (Sea sections 605.0904 & 605.0905, F.S. to deter	o regulation.)	<del></del>					
			EW Capital Managemen	t ( Pro )   19				
c/o AEW Capital Mai	<del>-</del>	6;	(Mailing Address)					
(Street Address of F 2 Seaport Lane, 15th	•	2 Sea	port Lane, 15th Floor	第2				
Boston, Massachuse	itts 02210	Bosto	n, Massechusetts 0221	0 Page 25				
Name and street address	is of Florida registered agent: (P.O. Bo	NOT accepta	bie)	8: 09 (ATE (ADA				
•								
Name: Office Address:	1200 South Pine Island							
•	1200 South Pine Island Plantation		33324					

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:		Title or Capacity:		Name and Address:
Manager	Name: AEW Capital Management, L.P.	☐ Manager	Name:	
☐Member	Address: 2 Seaport Lane, 15th Floor	☐ Member	Address:	
Authorized .	Boston, Massachusetts 02210	Authorized		
Person		Person		
Other	Other	Other	<del></del>	Other
Manager	Name:	Manager .	Name:	<del></del>
[_]Member	Address:	Member	Address:	
Authorized	···	Authorized		
Person	· · · · · · · · · · · · · · · · · · ·	Person		The on
Other	Other	Other	- <del></del> ,	Other 0
			•	A OS
Manager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address:	<del></del>
Authorized		Authorized	·	
Person	·	Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MP WEBSTER PARK 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 NINETEENTH DAY OF MARCH, A.D. 2019.

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

Authentication: 202473890

Date: 03-19-19