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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 721742 8056587

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AUTHORIZATION : Spell

COST LIMIT : \$\frac{1}{25} \times 00

ORDER DATE : April 10, 2019

ORDER TIME : 11:44 AM

ORDER NO. : 721742-005

CUSTOMER NO: 8056587

FOREIGN FILINGS

NAME: BSREP III COCONUT GROVE TRS

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:

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:

(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Compa	ny," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate na	me must include "Limited Liability Com	pany," "L.I.,C," o	or "LLC."
Delaware 2.		3	(FEI number, if appli		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	cable)		
4					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)			
c/o Brookfield Prope	rty Group	c/o Br	ookfield Property Group		
(Street Address of Principal Office)		6	(Mailing Address)		
250 Vesey Street, 15th Floor		250 V	esey Street, 15th Floor		
New York, NY 1028	I	New York, NY 10281			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptal	ble)	Sala VES	364 - (17 - (17)
Name:	Corporation Service Company			PR 12	: ()
Office Address:	1201 Hays Street			24 i0i kë	
	Tallahassee		32301 , Florida	42	
	(City)		(Zip code)		

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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree o 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.

Corppration Service Company

(Registered agent's signature)

Roxanne Turner Asst. Vice President

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: Name and Address: BSREP III Coconut Grove Holdings LLC Name: Manager Manager Name: _____ c/o Brookfield Property Group Member Member Address: _____ 250 Vesey Street, 15th Floor New York, NY 10281 Authorized Authorized Person Person Other Other____ Other Other____ Manager Name: Manager Name: Member Address: ______ Member Address: _ ___ _ _ _ _ _ _ _ _ _ Authorized Authorized Person Person Other Other Other____ Other___ Manager Name: _____ ☐ Manager Name: _____ Member Address: ☐ Member Address: 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 urisdiction 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) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. /S/Lisa Strauss Signature of an authorized person Lisa Strauss

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BSREP III COCONUT GROVE TRS 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 TENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BSREP III COCONUT GROVE TRS LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2019.

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



Authentication: 202616667

Date: 04-10-19