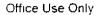
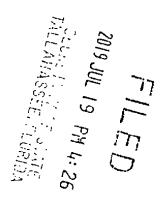
MAGGOTH

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

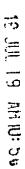




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Y SCOTT JUL 22 2019



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 851288 728390

AUTHORIZATION :

COST LIMIT : \$ 125\00

ORDER DATE : July 18, 2019

ORDER TIME : 5:38 PM

ORDER NO. : 851288-005

CUSTOMER NO: 7283904

FOREIGN FILINGS

NAME: ONE PALM APARTMENT OWNER LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

Irina Shurinova Area Code Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 263-8643 Daytime Telephone Number Circle Tallahassee, FL 32301		Registration Section Division of Corporation	ns				
Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," of Existence, and check are submitted to register the above referenced foreign limited liability company to transact busine Please return all correspondence concerning this matter to the following: Irina Shurinova	SHR IFC"						
Existence, and check are submitted to register the above referenced foreign limited liability company to transact busine Please return all correspondence concerning this matter to the following: Irina Shurinova	301376			ited Liability (Company		
Irina Shurinova Name of Person							
Name of Person	Please reti	urn all correspondence co	concerning this matter to the following	lowing:			
Firm/Company 1114 Avenue of the Americas, 39th Floor Address New York, NY 10036 City/State and Zip Code ishurinova@istar.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 1rina Shurinova Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Firm/Company Address City/State and Zip Code Address Division of Code The Code		Irina Shurinova	1				
Firm/Company 1114 Avenue of the Americas, 39th Floor			Name	of Person	-		
New York. NY 10036 City/State and Zip Code ishurinova@istar.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Irina Shurinova at (iStar Inc.				1	
New York. NY 10036 City/State and Zip Code ishurinova@istar.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Irina Shurinova at (-	Firm/	Company		717	
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New York, NY 10036 City/State and Zip Code E-mail address: (to be used for future annual report notification)		Addiess (11, -					r FT:
State and Zip Code State a		New York, NY	10036			<u> </u>	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Irina Shurinova			City/State	and Zip Code		当台 つ	
For further information concerning this matter, please call: Irina Shurinova		ishurinova@istar.	.com			<i>j</i>	
Irina Shurinova Area Code Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 263-8643 Daytime Telephone Number Circle Tallahassee, FL 32301			E-mail address: (to be used fo	r future annual	report notification	on)	
Name of Contact Person Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	For further	r information concerning	g this matter, please call:				
Name of Contact Person Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	1	Irina Shurinova	а		263-8643		
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Name of			Daytime T	elephone Number	
Englaced is a phost for the following amounts	Division of Corporations Registration Section P.O. Box 6327			Division of Corp Registration Sec Clifton Building 2661 Executive			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE				ENT OF STAT	ГЕ		
■ \$125.00 Filing Fee	_	_	☐ \$130.00 Filing Fee &	\$155.00	Filing Fee &	\$160.00 Filing Fe of Status & Certif	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

One Palm Apartment								
(Name of Foreign	Limited Liability Company, must include "Limi	ted Liability Comp	any," "L.L C" (or "LLC.")				
								
(If name unavailable, enter alternate ii	ame adopted for the purpose of transacting business in F	lorida. The alternate n	ame must include "	Limited Liabi	hty Company	," "IJ. C,"	or "LLC.")	
Delaware 2.		n/a 3.						
(Jurisdiction under the law of w	nich foreign limited liability company is organized)		(FEI number, if applicable)					
upon filing 4.					⊼ _C	ź		
-	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605,0905, F.S. to deter	o registration) nine penalty liability)			7-0	919		
c/o iStar Inc.		same			VIIAS	JUL	77	
(Street Address of F	Principal Office)	WI	()	Mailing Addre	ss) [[] (2	1	
1114 Avenue of the	Americas, 39th Floor				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	PH		
New York, NY 10036)	,			AUA AUA	ı: 26		
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> accepta	able)					
Name:	Corporation Service Company		-					
Office Address:	1201 Hays Street		-					
	Tallahassee		32 , Florida	301				
	(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 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.

Corporation Service Company Que vue

Roxanne Turner Asst. Vice President

(Registered agent's signature)

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: Name: CARET Ventures LLC Name: Geoffrey M. Dugan Manager Manager Address: ______ Address: ___ **■**Member Member 1114 Avenue of the Americas, 39FL 1114 Avenue of the Americas, 39Fl Authorized Authorized New York, NY 10036 New York, NY 10036 Person Person Other_ Other Other____ Other Manager Name: ☐ Manager Address: Member Member Address: Authorized Authorized Person Person Other Other_____ Other Name: _____ Manager ☐ 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 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. Geoffrey M. Dugan, Authorized Person

Typed or printed name of signee

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE PALM APARTMENT 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 EIGHTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE PALM APARTMENT OWNER LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE SEEN PAID TO DATE.

7035762 8300

Authentication: 203243844

Date: 07-18-19