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To:	Division of Corporations Fax Number : (850)617-6	383	ASS.			
From:	Account Name : C T CORPORA Account Number : FCA00000000 Phone : (614)280-3 Fax Number : (954)208-0	?3 338	EE, FLORID			
Em.	Foreign Limited Lie	ability Company				
• .	<u> </u>		CPI ORANGEBROOK TRS, L.L.C.			
	<u> </u>	OK TRS, L.L.C.				
	<u> </u>	OK TRS, L.L.C.				
	CPI ORANGEBRO Certificate of Status	OK TRS, L.L.C.				
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Electronic Filing Menu

Corporate Filing Menu

Help

Y SCOTT

JUL 26 2019

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

	, L.L.C.  Limited Elability Company, must include "Limited		
me iaisvallable, enter alternate n	nine adopted for the purpose of transacting business in Plan	ida. The attenuale name inist include "Limited Liabs	lity Company," "LLL C," or "LLC
)elaware		Applied For S. (FI.I marks	
Consideration under the law of w	hiel sureign limited liability contrain is arganized)	(FT, frumvic	r, if applicable)
Jpon qualification			
	Date first transacted burnages in Florida, if prior for (See sections 605 0904 & 605,0905, F.S. to deturned	ngistration) ne panaky "rahility)	7 28
1001 Pennsylvania Av	e NW, Suite 220 South	1001 Pennsylvania Ave NW	, Stiffe 220 South
(Sireet Address of a	Principal Office)	(Maxing Addre	" 圣…
Washington DC 20004	i.	Washington DC 20004	25
		*****	Fic P
			<u> </u>
Same and street address	es of Florida registered agent: (P.O. Box	NOT acceptable)	RIDA
Name:			
	1200 South Pine Island Road		
Name: Office Address:	1200 South Pine Island Road Plantation	33324 , Florida (Zap code)	

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:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Carlyle Property Investors	Manager	Name:
⊠Member	Address: (Master REIT), L.L.C.	Member	Address:
Authorized	1001 Pennsylvania Ave NW, Suite 220S	Authorized	
Person	Washington DC 20004	Person	A
Other	r75	Other	
Manager  Member  Authorized	Name:	☐ Manager ☐ Member ☐ Authorized Person	Name: Z019 JLL 25 PH
Person ☐Other	Other	Other	-05
Manager	Name:	Manager	Nome:
∃Momber	Address:	Member	Address:
Authorized	and the control of th	Authorized	
Person	washing to the company of the compan	Person	
Other	Other		Other
ndexed individuals  Attached is a certurisdiction under the translator mut  This decomment.	Ise an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, one law of which it is organized. (If the certificate st be submitted) is executed in accordance with section 605.0203 ment to the Department of State constitutes a thin	orda Department of State duly authenticated by the is in a foreign language (1) (b), Florida Statutes rd degree felony as provi	official having custody of records in the cartificate under one of the car
	Signature	of an authorized person	
	Stacy M. Rosenthal		
		painted name of signer	

## Delaware The First State

Page 1

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

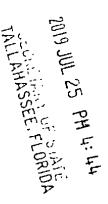
DELAWARE, DO HEREBY CERTIFY "CPI ORANGEBROOK TRS, L.L.C." IS DULY

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 JULY, A.D. 2019.

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



7531470 8300 SR# 20196159045

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

Authentication: 203286789

Date: 07-25-19