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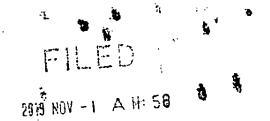
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA TALLARAGUE, FULLIONA

IN COMPTIANCE WITH SECTION 0050902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY

OMPANYTOTRANSACTBU CDI Montrie Onks TRY				
(Name of Foreign	S, L.L.C. Imited Liability Company; must include "Limited	Liability Company," "L.U.C." or "U.C.")		
name (Universible, einer alternale m	ann adopted for the purpose of transacting business in Flori	ds. The alternate name include "Limited Liability Company," "LL.C," or "LLC.")		
Delaware Ourselection under the law of which foreign linsted liability company is organized)		84-3557164		
		3. (FEI mariber, if applicable)		
Upon qualification				
	(Date first buseasted beatites in Florida, if peace to re (See sections 605 0903 & 605 0903, F.S. to determine	H Louelth papelin)		
(Su cri Addiess of Principal Ottor)		6. (Mailing Aldren)		
Washington DC 20004		Washington DC 20004		
Name and street address	ss of Florida registered agent: (P.O. Box			
Name and street address	ss of Florida registered agent: (P.O. Box			
	of Florida registered agent: (P.O. Box			
Name and street address Name:	C T Corporation System			
	C T Corporation System 1200 South Pine Island Road	NOT_acceptable)		
Name:	C T Corporation System 1200 South Pine Island Road	N()]_acceptable)		
Name:	C T Corporation System 1200 South Pine Island Road	N()]_acceptable)		
Name:	C T Corporation System 1200 South Pine Island Road	NOT_acceptable)		
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (Giy)	<u>N()1'</u> весертива (7-ip onda)		
Name: Office Address: egistered agent's accep	C T Corporation System 1200 South Pine Island Road Plantation (Cay)	NOT acceptable) 33324 (740 coda) process for the above stated limited liability company at the plan		
Name: Office Address: Legistered agent's acceptaving been named as resignated in this applicance of comply with the provis	C T Corporation System 1200 South Pine Island Road Plantation (Giy) itunce: registered agent and to accept service of partion, I hereby accept the appointment as lons of all statutes relative to the proper	NOT acceptable) 33324 Florida (740 orda) process for the above stated limited liability company at the plans of the company at the company a		
Name: Office Address: Legistered agent's acceptaving been named as resignated in this applicance of comply with the provis	CT Corporation System 1200 South Pine Island Road Plantation (Cay) Itance: registered agent and to accept service of pation, 1 hereby accept the appointment as those of all statutes relative to the property of my position as registered agent.	NOT acceptable) 33324 Florida (740 coda) process for the above stated limited liability company at the plans registered agent and agree to act in this capacity. I further agand complete performance of my duties, and I am familiar with		
Name: Office Address: egistered agent's acceptaving been named as recipionally with the provision of the provision comply with the provision.	C T Corporation System 1200 South Pine Island Road Plantation (Giy) itunce: registered agent and to accept service of partion, I hereby accept the appointment as lons of all statutes relative to the proper	NOT acceptable) 33324 Florida (740 orda) process for the above stated limited liability company at the plans of the company at the company a		

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	i	Name and Address:		
Manager	Name: Carlyle Property Investors	Маладет	Name:			
⊠Member	Address: (Master REIT), L.L.C.	Member	Address:			
Authorized	1001 Pennsylvania Ave NW, Suite 220S	Authorized				
Person	Washington DC 20004	Person				
Other	Other	Other		Other		
Manager	Name;	Manager	Name:			
Member	Address:	Member	Address:			
Authorized		Authorized				
Person		Person				
Other	Other	Other	that age can differ the same of	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. Non-indexed 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 a.817.155, F.S.						

Ivped or printed turns of signer

Stacy M. Rosenthal



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CPI MOULTRIE CAKS 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 FIRST DAY OF NOVEMBER, A.D. 2019.

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

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SR# 20197867902
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203918267

Date: 11-01-19