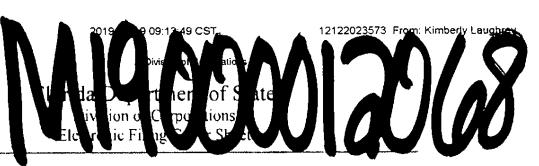
To: Page 2 of 5

12/13/2019 Resubmission, please keep file date of 12/13/2019



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.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number: FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company CRP 6300 Gulf, L.L.C.

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

IN COMPLIANCE WITH SECTION 605.0002, 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 "Limit	ed Liphility Co	many " " C " oc " C "	·	
(Name of Foreign	cameacanability company, mass necessor some	ed Liability Co	inputy, E.E.C., or EEC.)	TALI	18197
name nunyankilde, enter alternate i	name adopted for the purpose of transmitting business or F	orida. The alterna	le usme naist include "Linuted Liability		.C. or ;'L
Delaware		47 3.	-2494152	HASS) () ()
(Juristiction under the law of	high foreign limited liability company is organized)		(FEI manber, i	if applicable)	
Upon qualification				J.FLO	ph u. Jo
<u> </u>	(Date first transacted business in Florida, if prior is (See sections 605 19904 & 605 0905, F.S. to determ	registration.)	iŋ)	_ 85	Ç
1001 Pennsylvania Ave NW, Suite 220 South		100 6.	01 Pennsylvania Ave NW,	Suite 220 So	
To restable sours)	Principal Office)		(Mailing Aidress)		
Washington DC 20004	1	Wa	slungton DC 20004		
Name and street address	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> acce	ptable)		
Name:	C T Corporation System				
Office Address:	1200 South Pinc Island Road	 			
			33324		
	Plantation		. Florida		

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.

By:	CAT Corporation System	Stephanie Boehm - Assistant Secretary
	(Recipered 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:	Name and Address:	Title or Canacity	<u>:</u>	Name and Address:
Manager	Name: CRP VII Master Holdings	Manager Manager	Name:	
⊠Member	Address: (Wholly Owned Assets), L.L.	Member	Address:	
Authorized	1001 Pennsylvania Ave NW, Ste 220S	☐ Authorized		
Person	Washington DC 20004	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	2: E
Authorized		Authorized		F. EC
Person		Person		13
Other		Other		Other P
				PH II: 55
Manager	Name:	Manager	Name:	7
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.

	Signature of an authorized porsor.
Stacy M. Rosenthal	
	Typed or printed name of signos



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CRP 6300 GULF, 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 NINETEENTH DAY OF DECEMBER, A.D. 2019.

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

TATI MIASSEF FLORIDA

Authentication: 204257581

Date: 12-19-19

5653894 8300 SR# 20198744926

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