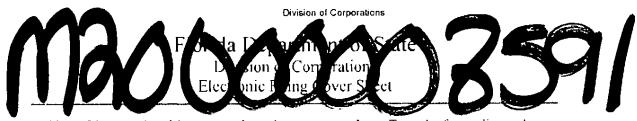
10/1/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (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 CPI Rock Creek Owner, L.L.C.

Certificate of Status	U
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Estimated Charge	\$155.00

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## 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:

	r, L.L.C.					
(Name of Foreign	Limited Liability Company; must include "Limite	ed Embility	Company," "L.L.C.," or "LLC."	)		
It motic imavailable, enter alternate i	name adopted for the purpose of transacting bittiness in Pic	orida The alt	ernste name must melude "Limited Lie	bibty Company,	" "L.L.C," :	or "LI C ".
Delaware 2.		3.	applied for			
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(14.1 mumber, if applicable)			<u>-</u> _
Upon qualification						
·	(Data first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration nine penalty li	յ արդում )			
1001 Pennsylvania Av	e NW, Suite 220 South	1001 Pennsylvania Ave NW, Suite 220 South				
1 (Nireet Address of I	Principal Office)	6(Mailing Address)				
Washington DC 20004	<u> </u>		Washington DC 20004			
7. Name and street addres	ss of Florida registered agent: (P.O. Bo)	x <u>NOT</u> a	cceptable)	Ŀ.	657 529-2	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	N <u>NOT</u> a	cceptable)	<b>t</b>	ecr	
7. Name and street addres  Name:	ss of Florida registered agent: (P.O. Bor C T Corporation System	N <u>NOT</u> a	cceptable)	<b>L</b>	egr constant	
	_	. <u>NOT</u> a	cceptable)	T- 49	100 mm	grand and
Name:	C T Corporation System		cceptable)	E v		

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?

Bv:	C T Corporation System	mel Shi	erer Angel Shearer
	[Registered agent]	's signatur	Assistant Secretary

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:	- Water
Authorized	1001 Pennsylvania Ave NW	Authorized		
Person	Washington DC 20004	Person	-	
Other	Other	Other		Other
■Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		☐ Authorized		<del> </del>
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 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.

	<del></del>	
	Signature of an authorized person	
Stacy M. Rosenthal		
	Exped or printed name of stance	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPI ROCK CREEK OWNER, 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 OCTOBER, A.D. 2020.

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

Authentication: 203776267

Date: 10-01-20