| r 19 | Secretary of State - Corporation Division - 255 Capito   | I SLINE, Suite 1   | 151 - Salem, OR 97310-1327 - <u>sos arcgan govibusiness</u> - Phane (503) 988-2200   |
|------|--|--|--|
| C    |  |  | FILED: JUN 21, 2024<br>OREGON SECRETARY OF STATE   |
| Rı   | GISTRY NUMBER: 227984796   |  |  |
|      | For office use only<br>cordance with Oregon Revised Stabuta 192 410-192 490, the information<br>nust release this information to all parties upon request and it will be post  |  | MSBAM 2014-C16 CASCADES NEWAUT   |
| Plea | se Type or Print Legibly in Black Ink Attach Additional Sheet  | If Necessary   | uite   |
| 1)   | NAME: MSBAM 2014-C16 CASCADES PARKWAY,<br>NOTE: (Musi contain the words "Urnied Liabaty Company" or the abbrewietons   |  | ) Must be idensical to the name of record in home junadiction  |
| 2)   | REGISTRY NUMBER IN HOME JURISDICTION   | 7)   | ) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:   |
|      | OR: CERTIFICATE OF EXISTENCE (ATTACHED)<br>(Please provide a web-verifiable registry number from the entity's home<br>jurisdiction Certain states such as Delaware and New Jersey do not provide<br>status information onkine Entities from such places must instead attach an<br>official certificate of existence, current within 60 days of delivery to this office ) |  | <ul> <li>(Must be an Oragon Straat Address, which is identical to the registered agent's<br/>business office.)</li> </ul>  |
|      |  |  | 780 Commercial Street SE, STE 100,   |
|      |  |  | Salem, OR 97301  |
| 3)   | DATE OF ORGANIZATION: DURATION, IF NOT PERPETU   |  | ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:   |
|      | 06/17/24 PERPETUAL   |  | 2340 Collins Avenue, Suite 700   |
|      |  |  | Miami Beach. FL 33139  |
| 4)   | STATE OR COUNTRY OF ORGANIZATION:<br>DELAWARE  |  | ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:   |
| ~,   |  |  | c/o LNR Properties, LLC, 2340 Collins Avenue, Suite 700  |
|      |  |  | Miami Beach, FL 33139  |
| 5)   | THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE<br>REQUIREMENTS OF ORS 63.714(3).   | 10   | HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?  |
| 6)   | NAME OF OREGON REGISTERED AGENT:   |  | This LLC will be member-managed by one or more members   |
| -,   | C T Corporation System   |  | This LLC will be manager-managed by one or more managers   |
| 1)   | fraudulently alter or otherwise misrepresent the identit<br>liability company. This filing has been examined by me<br>Making false statements in this document is against the<br>Support   | ury, that this<br>ly of the pers<br>a and is, to t<br>he law and n<br>Printed Name | Title  |
|      |  | Association as   | r, Assistant Secretary of LNR Pattners, LLC, the Attorney-an-Fact of U.S. Bank Nat<br>Trustee for Morgan Stanley Bank of America Meriul Lynch Trust 2014-C16, Comm<br>Through Certificates, Series 2014-C16, the Sole Member |
|      |  | Association as   | Trustee for Morgan Stanley Bank of America Merical Lynch Trust 2014-C16, Comme   |
|      |  | Association as   | Trustee for Mergun Stanley Bank of America Merrill Lynch Trust 2014-C16, Comme<br>Through Certificates, Series 2014-C16, the Sole Member   |
|      | TACT NAME: (To resolve questions with this filing )  | Association as   | Trustee for Morgan Stanley Bank of America Merical Lynch Trust 2014-C16, Comme   |
| Taı  |  | Association as   | FEES   |