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FOREIGN PROFIT/NONPROFIT CORPORA

Cabot Diversified REIT 1, Inc.

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10/16/2009



October 20, 2009

FLORIDA DEPARTMENT OF STATE

RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

SUBJECT: CABOT DIVERSIFIED

REF: W09000046659

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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Wanda Cunningham Regulatory Specialist II New Filing Section

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P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Maryland	liable in Florida, enter alternate corporate	3
	y under the law of which it is incorporated	
09/09/20		_ 5perpetual
•	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Upon	Qualification	
		ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)
55 P1fth	Avenue, 13th Floor, New Yor	
	(Principal offic	e address)
55 Fifth	Avenue, 13th Vicor, New Yor	rk, New York 10003
, , , , , , , , , , , , , , , , , , , 	(Current meilin	
Real Es	tare Investment	
(Ритрове	s) of corporation authorized in home state	or country to be carried out in state of Florida)
	et address of Florida registered agent:	(P.O. Box NOT acceptable)
ame and firs		
ame and <u>fir</u> s Nama:	CT Corporation System	1/2 000
		SRY O
Name:	CT Corporation System	1/2 000
Name:	CT Corporation System 1200 S. Pine Island Road	, Florida 33924 (Zip code)
Name: e Address:	CT Corporation System 1200 S. Pine Island Road Plantation (City)	
Nama: e Address: Registered a	CT Corporation System 1200 S. Pine Island Road Plantation (City) gent's acceptance:	, Florida 33924 (Zip code) RP STATE
Name: e Address: Registered a ng been ann	CT Corporation System 1200 S. Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept a gentication. I hereby accept the appo	, Florida 33924 (Zip code) (Zip code) (Ervice of process for the above stated corporation at the photometric part of the ph
Nama: e Address: Registered a ng been aup nated in this	CT Corporation System 1200 S. Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept a application, I hereby accept the appo-	, Florida 33924 (Zip code) Service of process for the above stated corporation at the plantages as registered agent and agree to act in this capacities relative to the proper and complete performance of my
Nama: e Address: Registered a ng been aup nated in this	CT Corporation System 1200 S. Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept a gentication. I hereby accept the appo	, Florida 33924 (Zip code) Service of process for the above stated corporation at the plantages as registered agent and agree to act in this capacities relative to the proper and complete performance of my
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Nama: e Address: Registered a ng been aup nated in this	CT Corporation System 1200 S. Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept a application, I hereby accept the appo-	, Florida 33924 (Zip code) (Zip code) Service of process for the above stated corporation at the phointment as registered agent and agree to act in this capacities relative to the proper and complete performance of my sy posttion as registered agent.
Nama: e Address: Registered a ng been aup nated in this	CT Corporation System 1200 S. Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept a application, I hereby accept the appo-	(Zip code) When the process for the above stated corporation at the plantament as registered agent and agree to act in this capacities relative to the proper and complete performance of my

11. Attached is a certificate of existence duly authenticated, normore than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having costody of corporate records in the jurisdiction under the law of which it is incorporated.

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TP. 10.	recessary, you may attach an addendum to the application listing	additional officers and/or directors.		
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STATE OF MARYLAND Department of Assessments and Taxation



I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEKEBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE

I FURTHER CERTIFY THAT CABOT DIVERSIFIED REIT I, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 14, 2009

Paul B. Anderson Charter Division

SECRETARY OF STATE



301 West Preston Street, Bultimore, Maryland 21201 Telephone Balto Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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