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SECRETARY DI STATE
LAHASSEE FLORIDA



CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHÄSSEE, FL'32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

Examiner's Initials

KATIE WONSCH DATE: 3/4/05 **REF. #:** 0638.35527 CORP. NAME: CABOT NORTH UNIVERSITY DRIVE 15 LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION (XX) LIMITED LIABILITY () LIMITED PARTNERSHIP () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 51678 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_ PLEASE RETURN: (XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY () CERTIFICATE OF STATUS

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Cabot North University Drive 15 LLC (Name of Foreign Limited Liability Company) 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4, 3/1/05 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. Upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 c/o National Corporate Research, Ltd. 615 South Dupont Highway, Dover, DE 19901 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Sole Member: Kit C. S. Mann, P.O. Box 567, Blue Lake, CA 95525 The Independent Manager of the Company is Doug Britton 2640 Cople Highway, Montross, VA 22520 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: own real estate subject to limits 10,89 of Mortgage in favor of Citigroup Global Markets Realty Corp.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Debbie A. Robinson, Authorized Person

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
	CABOT NORTH UN	NIVERSITY D	RIVE 15 LLC	
2. Th	e name and the Florida street address of	the registered a	gent and office are:	
National Corporate Research, Ltd., Inc.				
	(Name)			
	103 N. Meridian Street			
Florida street address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL	32301	
	(Cit	y/State/Zip)		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Floria Statutes.

Vayre Rafanelli V.P.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT NORTH UNIVERSITY DRIVE 15 LLC" 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 MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT NORTH UNIVERSITY DRIVE 15 LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3711305

DATE: 03-01-05

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