M05000003579

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
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(Do:	cument Number)	
Certified Copies	_ Certificates	of Status
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06/28/05--01028--001 **160.00







Name Reservation

Reinstatement

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Tallahassee, Florida 32301
(850) 681-6528

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June 28,3005 -

SERVICES	C	ORPORATION NAME (S) AND DOCUM	ENT NUMBER
Cabot Cypress Creek Tower 10 L	LC		(A)
Filing Evidence □ Plain/Confirmation C	Copy	Type of Docume ☐ Certificate of State	
□ Certified Copy		□ Certificate of Goo	d Standing
		□ Articles Only	
Retrieval Request Photocopy		☐ All Charter Docur Articles & Amend ☐ Fictitious Name C	lments
□ Certified Copy		□ Other	
NEW FILINGS	***************************************	AMENDMENTS	
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability		Change of Registered Agent	
Domestication		Dissolution/Withdrawal	
Other		Merger	
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name	X	Limited Liability	
, , ,	1		

Reinstatement

Trademark

Other



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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cabot Cypress Creek Tower 10 LLC	
(Name of F	Foreign Limited Liability Company)
Delaware	3.
(Jurisdiction under the law of which foreign leompany is organized)	limited liability (FEI number, if applicable)
June 9, 2005	5 perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(See sections 608.50)	ed business in Florida, if prior to registration.) 1 & 608.502 F.S. to determine penalty liability)
100 Summer Street, 23rd Floor, Boston,	Massachusetts 02111
	(Street Address of Principal Office)
	(Siteet Address of Principal Office)
If limited liability company is a mana	ager-managed company, check here
774	£4
The name and usual business address	ses of the managing members or managers are as follows:
Vance Masci, 4054 N. Larkin St., Shore	wood WI 53211
A 4 4 1 3 2 4 3 4 4 6 5 4 4 6 5 4 4 4 6 5 4 4 4 6 5 4 4 4 6 5 4 4 6 6 6 6	4 001 1111 4 2 4 1 4 7 11 1 2 1 1 2
	no more than 90 days old, duly authenticated by the official having custody of record zed. (A photocopy is not acceptable. If the certificate is in a foreign language, a
instation of the certificate under eath of the transl	
I. Nature of business or purposes to be	e conducted or promoted in Florida: to own a tenant in common
interest in the office building located at 80	00 West Cypress Road, Fort Lauderdale, Florida
Dud!A	/ <u>}</u>
Signature of a mer	mber or an authorized representative of a member.
	ction 608.408(3), F.S., the execution of this document constitutes to penalties of perjury that the facts stated herein are true.)
	authorized representative

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 Cypress Creek Tower 10 LLC	_
2. The name and the Florida street address of the registered agent and office are:	
NRAI Services, Inc (Name)	
2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Weston pr 33331 City/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, Florida Statutes. NRAI Services, Inc.

By: Dauf a That, Asst. Sec.

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT CYPRESS CREEK TOWER 10 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 TENTH DAY OF JUNE, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT CYPRESS CREEK TOWER 10 LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2005.

Darriet Smith Hinden Harriga Stripe Minter as persons of \$1954,0576

DATE: 06-10-05

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