U[]*17 epar **Division of Corporations** Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H10000203912 3))) H100002039123ABCS Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 SEP 15 PH 12: From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (\$50)878-5368 **Enter the smail address for this business entity to be used for fut annual report mailings. Enter only one email address please.** **(1**3) Email Address:_ Foreign Limited Liability Company Cabot III - FL2W04&W05, LLC A. LUNT Certificate of Status 0 AH 6: RECEIVED Certified Copy 0 SEP 1 6 2010 Page Count 04 EXAMINER SEP 15 Estimated Charge \$125.00 끮 2 ፵ . .. Electronic Filing Menu Corporate Filing Menu Help

APPLICATION BY FOREICN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO **TRANSACT BUSINESS IN FLORIDA**

IN COMPLEINCE WITH SECTION GROUP, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEIPTER A FOREICH LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CABOT III - FL2W04&W05, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

consent	unavailable, enter alternate name adopted for t of the managers or managing members adopting y," "L.C." "LLC.")	he purpose of trai		od Lightligy	2810
	DELAWARE	 ability	Apolied for (PEI number, if applicable)	LAHAS	SEP 1
сотар 4	iny is arganized) 8/23/10	5	PERPETUAL	RY 0	r. T

exist or "perpetual")

(Duration: Year limited liability company will cease to

x 2

6. UPON THE FILING OF THIS APPLICATION (Date first transacted business in Floride, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. One Beacon Street, Ste. 1700

(Date of Organization)

Poston, MA 02108

(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:

Cabot Industrial Value Fund III Operating Partnership, L.P.

One Beacon Street, Ste. 1700

Boston, MA 02108

10, Anached 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 contificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _To transact any and all

lawful business for which limited liability companies may be formed under the laws of the

State of Florida Are

Signature of a member or an authorized representative of a member. (In accordance with section 604 408(3), F.S., the execution of this document constitutes an affinnation under the penalties of perjury that the facts stated herein are true) CABOT INDUSTRIAL VALUE FUND ITI OPERATING PARTNERSHIP, LP,

Typed or printed name of signee a Delaware limited partnership, Sole Member, by its General Partner: CABOT INDUSTRIAL VALUE: FUND III, INC., by its Senior Vice President -Investments, Charles J. Forbes

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 III - FL2W04&W05, LLC

 If unavailable, the alternate to be used in the state of Florida is:

 2. The name and the Florida street address of the registered agent and office are:

 C T Conporation System

 (Name)

 I200 South Fine Island Road

 Florida Street Address (P.O. Box NOT ACCEPTABLE)

 Plantation

 Florida Street Zity/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 ability agent of my position as registered agent as provided for in Chapter 608, Florida Statutes.



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT III - FL2W04&W05, LLC" IS DOLY 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2010.

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



W. Bullock, Secretary of Stat

AUTHENT CATION: 8226265

DATE: 09-14-10

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100907571 You may verify this certificate onlin at corp.delaware.gov/authves.ahtml