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EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: RICKY SOTO** DATE: 10/04/2010 **REF. #:** 000478.133862.1 CORP. NAME: CABOT II-FL3B02, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () MERGER () WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 536838 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_____ PLEASE RETURN: () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY () CERTIFIED COPY () CERTIFICATE OF STATUS

Examiner's Initials

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATLITES THE POLLOWING IS SURMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
1. CABOT II-FL3B02, LLC	
(Name of Foreign Limited Liability Company; must inclu	ude "Limited Liability Company," "L.L.C.," or "LLC.")
	se of transacting business in Florida and attach a copy of the written trnate name. The alternate name must include "Limited Liability.
2. Delaware	3. Applied For
(Jurisdiction under the law of which foreign limited liability company is organized)	3. Applied For (FEI number, if applicable)
	December 31, 2050 (Duration: Year limited liability company will cease to
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification	
(Date first transacted business in Flo (See sections 608,501 & 608,502 F.S.	orida, if prior to registration.) to determine penalty liability)
7. One Beacon Street, Suite 1700	
Boston, Massachusetts, 02108 (Street Address	of Principal Office)
8. If limited liability company is a manager-managed	company, check here
). The name and usual business addresses of the mans	aging members or managers are as follows:
Cabot Industrial Value Fund II Operating Pa	rtnership, L.P.
One Beacon Street, Suite 1700	
Boston, Massachusetts, 02108	
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under oath of the translator must be subm	lays old, duly authenticated by the official having custody of records in vis not acceptable. If the certificate is in a foreign language, a nitted.)
1. Nature of business or purposes to be conducted or	promoted in Florida: Real Estate Development
	·
_ tatter	1,
	horized representative of a member.
(In accordance with section 608.408(3), F.S., the execu	ion of this document constitutes an affirmation under the a lam aware that any false information submitted in a
document to the Department of State constitutes	a third degree felony as provided for in s.817.155, F.S.)
Patrick V. Ryan	

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.

The name of the Limited Liability Company is:
CABOT II-FL3B02, LLC
unavailable, the alternate to be used in the state of Florida is:
The name and the Florida street address of the registered agent and office are:
Steven B. Greenhut
(Name)
841 Prudential Drive, Suite 1400
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Jacksonville FI 32207
City/State/Zip
aving been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as register ent and agree to act in this capacity. I further agree to comply with the provisions of all statutes lating to the proper and complete performance of my auties, and I am familiar with and accept the ligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature) \$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CABOT II-FL3B02, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT

II-FL3B02, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER,

A.D. 2010.

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

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Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 8253041

DATE: 09-27-10

You may verify this certificate online at corp.delaware.gov/authver.shtml