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OVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

B. KOHR

OCT - 4 2010

EXAMINER

JIVISION OF CORPORATIONS

10 OCT -1 PM 3 15

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. #:** 000478.133862.3 CORP. NAME: CABOT II-FL3B04, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () FICTITIOUS NAME () TRADEMARK/SERVICE MARK () ANNUAL REPORT () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 536840 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_____

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

PLEASE RETURN:

Examiner's Initials

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CABOT II-FL3B04, LLC (Name of Foreign Limited Liability Company; must include the company).	e "I imited I ishilizy Company" "I I C " or "I I C")
(Name of Foreign Limited Liability Company; must include	te Limited Liability Company, L.L.C., or LLC.
	1
(If name unavailable, enter alternate name adopted for the purpose	e of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	nate name. The alternate name must include "Limited Liability
Company, L.L.C, LLC.)	
	Applied For
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 09-21-2010 5.	December 31, 2050
(Date of Organization)	
_{6.} Upon qualification	C7 ag
(Date first transacted business in Flor	ida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. t	o determine penalty liability)
7. One Beacon Street, Suite 1700	(Duration: Year limited liability company will cease a exist or "perpetual") ida, if prior to registration.) o determine penalty liability)
Boston, Massachusetts, 02108	5
	f Principal Office)
If limited liability company is a manager-managed c	ompany, check here
9. The name and usual business addresses of the manag	ging members or managers are as follows:
Cabot Industrial Value Fund II Operating Par	tnership, L.P.
One Beacon Street, Suite 1700	
Poston Massochusette 02100	
Boston, Massachusetts, 02108	
10. Attached is an original certificate of existence, no more than 90 da	vs old, duly authenticated by the official, having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy	
translation of the certificate under oath of the translator must be submi	
	·
11. Nature of business or purposes to be conducted or p	promoted in Florida: Real Estate Development
Patile 1/	<u> </u>
Signature of a member or an auth	orized representative of a member.
(In accordance with section 608.408(3), F.S., the executi	1
	I am 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.

1. The name of	the Limited Liability Comp	any 15:
CABOT II-	FL3B04, LLC	
If unavailable, t	he alternate to be used in the	e state of Florida is:
2. The name an	d the Florida street address	of the registered agent and office are:
	Steven B. Greenhut	
		(Name)
:	841 Prudential Drive,	
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)
	Jacksonville	FL 32207
		City/State/Zip
liability company agent and agree relating to the pr	o at the place designated in the to act in this capacity. I furth oper and complet e p e rforma	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes not of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.
	\$ 100.00	Filing Fee for Application
	\$ 25.00	Designation of Registered Agent
	\$ 30.00	Certified Copy (optional)

Certificate of Status (optional)

\$ 5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CABOT II-FL3B04, 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-FL3B04, 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.

4874642 8300

100944760

AUTHENT (CATION: 8253043

DATE: 09-27-10

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