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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. #:** 000478.133862.4 CORP. NAME: CABOT II-FL3B05, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () MERGER () WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 536841 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN:

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

Examiner's Initials

() CERTIFICATE OF STATUS

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 FORESCENE. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE | STATE OF FLORIDA: |
|---|---|
| _{I.} CABOT II-FL3B05, LLC | % |
| (Name of Foreign Limited Liability Company; must inclu | ade "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.") | se of transacting business in Florida and attach a copy of the writte |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability | Applied For (FEI number, if applicable) |
| company is organized) | (= |
| | December 31, 2050 |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 5. 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) |
| One Beacon Street, Suite 1700 | |
| Boston, Massachusetts, 02108 | e e e e e e e e e e e e e e e e e e e |
| (Street Address | of Principal Office) |
| B. If limited liability company is a manager-managed | company, check here |
| The name and usual business addresses of the mana | aging members or managers are as follows: |
| Cabot II Secured Pool I, LLC | iging members of managers are as follows. |
| Capat in Occarca i doi i, EEC | |
| One Beacon Street, Suite 1700 | |
| Boston, Massachusetts, 02108 | |
| Attached is an original certificate of existence, no more than 90 d | ays old, duly authenticated by the official having custody of records in |
| ne jurisdiction under the law of which it is organized. (A photocopy | |
| anslation of the certificate under oath of the translator must be subm | |
| 1. Nature of business or purposes to be conducted or | promoted in Florida: Real Estate Development |
| | |
| Tatulo V. | h/ |
| Signature of a member or an auti | horized representative of a member. |
| (In accordance with section 608.408(3), F.S., the execu | tion of this document constitutes an affirmation under the |
| penalties of perjury that the facts stated herein are true | 2. I am aware that any false information submitted in a |
| Patrick V. Ryan | a third degree felony as provided for in s.817.155, F.S.) |
| rauick 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 Company is:

| CABOT II-FL3B05, LLC | | |
|---|--|--|
| If unavailable, the alternate to be used in the sta | ate of Florida is: | |
| 2. The name and the Florida street address of the | he registered agent and office are: | |
| Steven B. Greenhut | n en la grande de la grande. En la grande de la | The state of the s |
| | (Name) | · |
| 841 Prudential Drive, Suite 1400 Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| Florida Street Address | (P.O. Box NOT ACCEPTABLE) | |
| Jacksonville | _{FL} 32207 | |
| | City/State/Zip | _ |
| Having been named as registered agent and to ad liability company at the place designated in this cagent and agree to act in this capacity. I further relating to the proper and complete performance obligations of my position as negligible agent as a (Signature) | certificate, I hereby accept the appoin agree to comply with the provisions o of my duties, and I am familiar with a provided for in Chapter 608, Florida | tment as registered If all statutes and accept the |

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 5.00

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CABOT II -FL3B05, 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 -FL3B05, 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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100944760

AUTHENTY CATION: 8253044

DATE: 09-27-10

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