**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.

(((H10000277124 3)))



H100002771243A8CY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

. . . .

To:

ուսորդություն «Նիչինին»՝ (ԻԴՈւնաստանան հեշտ լիայթին՝ ար։Դ. Նարշատանու հեջոնդերի է հեշտ տես հեջ էլ էլ էլ էլ էլ է

ب المحمد الداد ما فا فالج وي مسالمة الريب بيدون واليو المحاد مرة جون المستبو وسالة المحيوين وسا

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	C T CORPORATION SYSTEM
Account Number	:	FCA00000023
Phone	:	(850)222-1092
fax Number	÷	(850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Foreign Limited Liability Company Cabot III - FL2W12, LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	04	•
Estimated Charge	\$130.00	K BALY
mic Filing Menu . Corporate Filin	a Menu Hel	K. BALY EXAMINER DEC 292010
	Certificate of Status Certified Copy Page Count Estimated Charge	Certified Copy 0   Page Count 04   Estimated Charge \$130,00

DEC 0

28

AM 8:

FIL EO

## 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 RECEIVER A FOREION LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Cabot III - FL2W06-W12, LLC

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

(If name unavailable, enter sitemate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the shemate name. The alternate name must include "Limited Liability" Company," "L.L.C," "LLC.")

 DE (Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied for (FEI number, if applicable)

(Date of Organization)

5. Perpetual (Duration: Your limited liability company will cause to

exist or "perpenial")

6. Upon the filing of this Application (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. One Beacon Street, Ste. 1700

## Boston, MA 02108

(Speet 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. Attached 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 certificate under outh 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

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an effirmation under the ponalties of perjury that the facts stated berein are true. 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.) Cabot Industrial Value Fund III Operating Partnership, LP Typed or printed name of signes a Delaware limited partnership, Sole Member, by its General Partner; Cabot Industrial Value Fund III, Inc., by its \_\_ (Title) (Print Name) Mark A. Bechard Secretary and Treasurer

## 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.

7 3

1. The name of the Limited Liability Company is:

Cabot III - FL2W06-W12, 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 Corporation System	
(Name)	
1200 South Pine Island Road	<u></u>
Florida Street Address (P.O. Box N	<u>OT</u> ACCEPTABLE)
Plantation 3	3324
City/State /Zi	ρ

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.

Masure	Madonna Cuddihy
(Signature)	Special Assistant Secretary

- \$ 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

The First State

I, JEFTREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT III - FL2W06-W12, 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-EIGHTH DAY OF DECEMBER, A.D. 2010.

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

Jeffrey W. Bullock, Secretary of State TION: 8455416 AUTHENT УC

DATE: 12-28-10

**4917652 8300** 

101225743 You may verify this certificate online at corp.deleware.gov/authwar.shtml