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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUN -: 9 2014

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COVER LETTER

TO: **Registration Section Division of Corporations**

Cabot IV - FL4B01, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all	correspondence c	oncerning this ma	tter to the	following:			
	Steven	Greenhi	ut				
			Na	me of Person	· · · · ·		
	Balch &	Bingha					
	841 Pru	ıdential I		n/Company , Suite 14	400		
	Jacksor	nville, FL	322	Address			
			-	ate and Zip Code			
	sgreenh	ut@balo					
For further infor	rmation concerning			for future annual repo	ort notifica	tion)	
_	eve Gree			904 ,	348	-6855	
	Name o	f Contact Person		Area Code	Day	time Telephone Number	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314		Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circ see, FL 32301	le		
	check for the f 5.00 Filing Fee	ollowing amou \$130.00 Filing Certificate of	g Fee &	□ \$155.00 Filing Certified Copy		☐ \$160.00 Filing Fee, Certifit of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

_{I.} Cabot IV - FL4B01, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liabi	lity Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business Liability Company," "L.L.C," or "LLC.")	s in Florida. The alternate name must include "Limited
_{2.} Delaware _{3.}	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4.	
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) penalty liability)
5. One Beacon Street, Suite 1700	
Boston, MA 02108	SSEE TO TO
(Street Address of Principal Office) 6. One Beacon Street, Suite 1700	FLOGA C
Boston, MA 02108	TOA TOA
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has	s/have authority to manage is/are:
Patrick Ryan, Senior Vice President	
One Beacon Street, Suite 1700	
Boston, MA 02108	
8. Attached is an original certificate of existence, no more than 90 chaving custody of records in the jurisdiction under the law of which acceptable. If the certificate is in a foreign language, a translation of must be submitted) Signature of an authorized p (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation am aware that any false information submitted in a document to the Department of State constitutes	n it is organized. (A photocopy is not f the certificate under oath of the translator person n under the penalties of perjury that the facts stated herein are true. I
Stoven Croenhut	

Steven Greennut

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

OBBO WING OTHER TO BEGINNIET REGISTERED OF FOR THE REGISTERED	,,,
AGENT IN THE STATE OF FLORIDA.	
. The name of the Limited Liability Company is:	

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:

Cabot IV - FL4B01, LLC

Balch & Bingham LLP		
(Nan	ne)	
841 Prudential Drive	, Suite 1400	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Jacksonville	32207 FL	

City/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 obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "CABOT IV - FL4B01, 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 SIXTH DAY OF MAY, A.D. 2014.

5517823 8300

140551971

AUTHENTICATION: 1346588

DATE: 05-06-14

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