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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Julan

COVER LETTER

To:

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	ntion Section n of Corporation	as .			
	bot IV - FL2W03				
			Limited Liability (Company	
he enclosed "A xistence, and cl	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza need foreign limit	tion to Tra ted liability	nsact Business in Florida," Certifica company to transact business in Flo
ease return all	correspondence c	oncerning this matter to the	foliowing:		
	Steven Greenh	at			
		Na	ame of Person		······································
	Balch & Bingh	ain LLP			
		Fi	rn/Company	- -	
	841 Prudential	Drive, Suite 1400			
			Address		
	Jacksonville, F	L 32207			
		City/S	tate and Zip Code		
	sgreenhut@halcl	ı.com			
		E-mail address: (to be used	for future annual	report not	ification)
or further infor	mation concernin	g this matter, please call:			
Steven Greenhut			904 at (348-68	
•	Name o	of Contact Person	Area Code	Day	time Telephone Number
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding reutive Center Circle ice, FL 32301
	eck for the follow 5.00 Filing Fee	ving amount: \$\sum \\$130.00 \text{Filing Fee & Certificate of Status}	S155.00 Fili	•	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACE BUSINESS IN THE STATE OF FLORIDA:

1. Cabot IV - FL2W03, L	.c	
(Name of Fore	gn Limited Liability Company; must include "Limited Liability C	Company," "L.L.C.," or "LLC.")
Liability Company," "L.L.C,	emate name adopted for the purpose of transacting business in Floor "LLC.")	orida. The alternate name must include "Limited
Delaware .	3.	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FE	I number, if applicable)
l	(Date first transacted business in Plorida, if prior to regist (See sections 605.0904 & 605.0905, F.S. to determine penal	ration.) ty liability)
One Beacon Street, Su	te 1700	
Boston, MA 02108		17 Fali
	(Street Address of Principal Office)	≥ 70
6. One Beacon Street, Sui	c 1700	HASS
Boston, MA 02108		SSEE .
	(Mailing Address)	#ಬ್ ≩ ರ
7. Name and street address	g of Florida registered agent: (P.O. Box NOT acceptable)	I A II
Nume:	Balch & Bingham LLP	12 9A
Office Address:	841 Prudential Drive, Suite 1400	
	Jacksonville , Flo	orida 32207
this application. I hereby	gistered agent and to accept kervice of process for the abo accept the appointment as registered agent and agree to d tatutes relative to the proper and complete performance p	cfin this capacity. I further agree to comply
8. The name title or can	city and address of the person(s) who has/have authority to	manage is/are:
•	nd IV Operating Partnership, L.P., its Managing Member	
One Beacon Street, Suite	1700	
Boston, MA 02108		7-
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly authenticated of which it is organized. (If the certificate is in a foreign lar abmitted)	by the official having custody of records in the guage, a translation of the certificate under oath
	Signature of an authorized person	
(In accordance with section the facts stated herein are degree felony as provided	n 605.0203, F.S., the execution of this document constitute true. I am aware that any false information submitted in a defor in s.817.155, F.S.)	s an affirmation under the penalties of perjury that becoment to the Department of State constitutes a thi

Patrick V. Ryan
Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CABOT IV - FL2W03, 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-FOURTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202935245

Date: 07-24-17