M1700000B360

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
	į			

Office Use Only



500304031795

D. SCOTT OCT 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 841487 4306601
AUTHORIZATION: THE AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: September 29, 2017

ORDER TIME : 1:25 PM

ORDER NO. : 841487-005

CUSTOMER NO: 4306601

FOREIGN FILINGS

NAME: TAMPA INDUSTRIAL PORTFOLIO

INVESTORS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJE		ortfolio Investors, LLC				
GODJE		Name of	Limited Liability (Сотралу		_
		reign Limited Liability Com ed to register the above refer				
Please i	return all correspondence	concerning this matter to the	following:			
		N	lame of Person			_
		F	irm/Company			_
			Address			_
		City/S	State and Zip Code	<u> </u>	<u>.</u>	_
		E-mail address: (to be use	d for future annual	report no	tification)	_
For furt	ther information concerning	g this matter, please call:				
			at ()		. 1
	Name o	of Contact Person	at (Area Code	Day	time Telephone Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section duilding excutive Center Circle see, FL 32301	SEP 29 W 7 08
Enclose	d is a check for the follow	-				
	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, (of Status & Certified Co	

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:

	The Investment I I C					
1. Tampa Industrial Portfo	Limited Liability Company, must include "Limite	Liability Company " "L.C.	"or "LC")			
(//ante of / oreign	Zamios (Zaomy Company, mast metade Zamio	ballity Company, C.E.C.,	or Lizz.			
(If name unavailable, enter alternate n	same adopted for the purpose of transacting business in Flor	ids. The alternate name must includ	e "Limited Lishility Company," "L.L.C," or "LLC.")			
2. DE		3.				
(Jurisdiction under the law of w	bich foreign limited liability company is organized)	J	(FEI number, if applicable)			
Δ upon filing						
4	(Date first transacted business in Florida, if prior to [See sections 605.0904 & 605.0905, F.S. to determi	registration.)				
5 53 State Street, Suite	•	• • •				
(Street Address of I		6	(Mailing Address)			
Boston, MA 02109	•					
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
<u> </u>	_ ,	<u></u>				
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					
	Tallahassee	· · · · · · · · · · · · · · · · · · ·	20201			
	(City)	, Florida _	32301 (/m code)			
Registered agent's accep			(sip time)			
			ted limited liability company at the place			
			gree to act in this capacity. I further agree			
	ions of all statutes relative to the proper s of my position as registered agent.	and complete performa	nce of my duties, and I am familiar with			
ana accept the vougation.	Corporation Service Company 1/1/	0	1 4 1 2			
	By: ///	Tun	Melissa Zender			
	(Registered agent's	similare)	Asst. Vice President			
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to mana	ge is/are:			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
Member	HSRE Fund V Holding Company, LLC		•			
	53 State Street, 13th Floor	·				
	Boston, MA 02109	-	F.)			
			, à ,;			
 		· ·				
		- -				
(Use attachments if neces	sarv)					
•	•					
9. Attached is a certificate	of existence, no more than 90 days old,	duly authenticated by the	official having custody of records in the			
of the translator must be st		e is in a foreign language	, a translation of the certificate under oath			
of the Bargharor man be se						
10. This document is execu-	uted in accordance with section 605.0203	(1) (b), Florida Statutes.	I am aware that any false information			
submitted in a document to	the Department of State constitutes a thi	rd degree felony as provi	ded for in s.817.155, F.S.			
		Take				
	Signature	of an authorized person				

John Hoadley, CFO of HSRE Fund V Holding Company, LLC, its Member

Typed or printed name of signed



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

DELAWARE, DO HEREBY CERTIFY "TAMPA INDUSTRIAL PORTFOLIO INVESTORS,

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-NINTH DAY OF SEPTEMBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAMPA INDUSTRIAL PORTFOLIO INVESTORS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

Authentication: 203316946

Date: 09-29-17

6560398 8300 SR# 20176404413

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	15					
SUBJECT:	Tampa Industrial Po	ortfolio Investors, LLC					
		Name of Limited Liability Company					
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence o	oncerning this matter to the	following:				
		Na	ame of Person			-	
		Fi	tra/Compony			-	
	Firm/Company						
	Address					_	
	City/State and Zip Code						
		E-mail address: (to be used	l for future annual	report not	fication)	_	
For further in	nformation concerning	g this matter, please call:				,	
	Name o	f Contact Person	at (time Telephone Number	_	
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314		Alea Cade	STREET Division of Registration Clifton Bu 2661 Execution	ADDRESS: of Corporations on Section	17 SEP 29	
	check for the following 125.00 Filing Fee	ng amount: \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		