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Division of Corporations

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From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : 120160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

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Email Address:\_

## Foreign Limited Liability Company PRM Princeton/Melbourne Owner LLC

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## COVER LETTER

	egistration Section ivision of Corporations	
orm tre	PRM Princeton/Melbourne Owner LLC	
SUBJEC	Name of Limited Liability Company	
The enclo Existence	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi and check are submitted to register the above referenced foreign limited liability company to transact business in	ficate of Florida.
Please re	rn all correspondence concerning this matter to the following:	
	Susanne Sullivan	
	Name of Person	
	Scyfarth Shaw LLP	
	FirmvCompany	
	Two Scaport Lane, Suite 300	
	Address	
	Boston, MA 02210	
	City/State and Zip Code	
	ssullivan@scyfarth.com	
For furt	E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:	-11
	Susanne Sullivan 617 946-8303 55 2	1
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building P.C. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Clifton Division of Corporations Registration Section Tallahassee, FL 32314	· • • • • • • • • • • • • • • • • • • •
Enclose	is a check for the following amount:  \$\Begin{array}{l} \text{S125.00 Filing Fee}  \Begin{array}{l} \text{S130.00 Filing Fee}  \Begin{array}{l} \text{S155.00 Filing Fee}  \Begin{array}{l} \text{S160.00 Filing Fee}, \text{Certified Copy} \end{array}  \$\text{Certified Copy}  \text{Certified Copy}  \text{On Status & Certified Copy}   \text{Certified Copy}   \text{Certified Copy}   \text{Certified Copy}      \text{Certified Copy}  \te	icate

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

IN COMPLIANCE WITH SECTION 603,0002, FLORIDA STATUTES, THE FOLLOWING IN SLIBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	A			
PRM Princeton/Mclbou	imited Liability Company; must include "	Timited Liability Compa	my, " "E.L.C.," or "LLC.")	
(Name of Loughly)	miles Empirey Company, make approxi-		•	
	rac adopted for the purpose of transacting business	- In Charles The alternate re	me mut inch de "Limited Liabil	iry Courpany," "L.L.C," or "LLC.")
(If marme unavailable, enter alternate na	use adopted for the brainner of turing could presum	E (I) FREEZE, THE SECTION S.		
2 Delaware		3	7/751 number	( apolizable)
(Farisation order the law of wh	ich inrelge litzied liebliny company is organized	,	(t c. 222-	I was the second
4	(Date first transacted hunters in Florida, R (See secriors 605,0904 & 605,0905, F.S. to	prior to registration.)		
	(See secriors 605,0904 & 605,0905, F.S. s	o determine permity liability)		_
5 300 Trade Center, Suit	z 7700	6. <u>300 T</u>	rade Center, Suite 770	0
(Street Address of P	rincipal Otifice)		(Na)Esg Addre	16)
Woburn, MA 01801		Wool	ип, MA 01801	
	<del></del>			<del></del>
		<b></b> .		
7. Name and street address	g of Florida registered agent: (P.0	D. Box NOT accept	abic)	
	Corporation Service Company			
Name:	Corporation Survice Company		_	
	1201 Hays Street			
Office Address:		William R	3 - 190 magna	
	Tallahassee		, Florida <u>32301</u>	<del></del>
	(Cay)		(Zip caxle	*)
Registered agent's see		vice of process for	e above stated limited l	iobility company at the place
agagneres in ins uppl	cation. I hereby accept the appoint Islans of all statutes relative to the	proper and complet	e performance of my di	ities and I am familiar with
and accounties while at	one of my position as registered ag	eret.	COD LIGORAGO	
	I M lopus		Assistant Vice	President
	30	red ages fa algorithe)		- 5 N
		<del></del>		<del></del>
e 7% title or and	acity and address of the person(s)	who has/have auther	rity to manage is/are:	(17),
Title or Capacity:	Name and Address:	Title of	r Capacity:	Name and Address:
Title of Capacity.	_	<del></del> :		₽ <del>-</del>
Manager	Louis F. Karger			=== <u> </u>
	300 Trade Center, Sui	to 7700	•	<del></del>
	Woburn, MA 01801			
				<i>*</i>
(Use attachments if nece			· ·	
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	o of evictories, no more than 90 de	ays old, duly authent	icated by the official h	aving custody of records in the
9. Attached is a certifical jurisdiction under the lay	te of existence, no more than 90 do wof which it is organized. (If the c	ays old, duly authent entificate is in a force	icated by the official h	aving custody of records in the tion of the certificate under oath
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## Delaware The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRM PRINCETON/MELBOURNE OWNER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE SOF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THENTY-THIRD DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRM PRINCETON/MELBOURNE OWNER LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2018.

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

11,

6842333 8300 SR# 20182926123

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

Authentication: 202561454

Date: 04-23-18