Division of Corporations

Florida Department of State

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Foreign Limited Liability Company CIVE V - FL1 W05, LLC

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

IN COMPLIANCE WITH SECTION 605,9902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMINED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. CIVE V = FL1W05, LLC

(Name of Fineign Limited Liability Company, inter include "Limited Liability Company," "LLC.," or "LLC.") (If more unavailable, order alternate many adopted for the perpose of transacting business in Florida. The alternate come must include "Limited Liability Company," "L.I. C," or "L.I. C," 2. Delaware (Jurisdiction under the law of which foreign I made liability company is organized) (FEI number, if applicable) (Date first transported hustness in Flunda, if your to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) 5, c/o Cabot Properties, Inc. 6. c/o Cabot Properties, Inc. (Street Address of Principal Office) (Mailing Address) One Beacon Street, Suite 2800 One Beacon Street, Suite 2800 Boston, MA 02108 Boston, MA 02108 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Charles Vice President, Olga Hinkel C T Corporation System. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: see attached (Use attachments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed 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 third degree felony as provided for in s.817.155, F.S. Carey B. Herringer

Typed or printed name of slueee

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The following persons are authorized signatories of the company, each with an address of Cabot Properties, Inc. One Beacon Street, Suite 2800, Boston, MA 02108:

Damian Q. Bailey

Justin S. Harvey

Carey E. Herrlinger

Robert R. Gray

9 JAN - 7 PH 3: 0:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIVF V - FL1W05, 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-FIRST DAY OF DECEMBER, A.D. 2018.

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

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

Authentication: 204163151

Date: 12-21-18

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SR# 20188325752