## M19000003416

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(Address)				
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PICK-UP WAIT MAIL				
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K SALY APR -5 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 710684 4305026

AUTHORIZATION : Spelle Real

COST LIMIT : \$ 130.00

ORDER DATE: April 4, 2019

ORDER TIME : 3:13 PM

ORDER NO. : 710684-015

CUSTOMER NO: 4305026

## FOREIGN FILINGS

NAME: ILPT RUSKIN PROPERTIES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. ILPT Ruskin Properties	s LLC  Limited Liability Company; must include "Limite				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter allemate n	ame adopted for the purpose of transacting business in Flo	orida. The a	Iternate name must include "Limited Liability (	Company," "L.I. C," or "LLC.")	
Delaware 2.	hich foreign limited liability company is organized)	3.	(FEI number, if		
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(Fist number, it	аррисарис)	
upon registration 4.					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty	.) tability)		
Two Newton Place		£.	Two Newton Place		
S. (Street Address of Principal Office)		U.	6. (Mailing Address)		
255 Washington St., Suite 300			255 Washington St., Suite 300		
Newton, MA 02458			Newton, MA 02458	19     SE	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	PR -4 Alkassi	
Name:	Corporation Service Company		<del></del>	PM IZ: 59	
Office Address:	1201 Hays Street	<del></del>		ATE RIDA	
	Tallahassee		32301 , Florida		
	(City)	•	(Zip code)	<del></del>	

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.

Corporation Service Company

By: (Registered agent's signature)

Roxanne Turner Asst. Vice President

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ALLAHASSE	TOF STATE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Adam D. Portnoy	■ Manager	Name: John G. Murray
Member	Address: Two Newton Place	☐ Member	Address:
Authorized	255 Washington St., Suite 300	Authorized	255 Washington St., Suite 300
Person	Newton, MA 02458	Person	Newton, MA 02458
Other	Other		Chief Executive Other
Manager	Name: Richard W. Siedel, Jr.	☐ Manager	Name:
Member	Address: Two Newton Place	☐ Member	Address: Two Newton Place
Authorized	255 Washington St., Suite 300	☐ Authorized	255 Washington St., Suite 300
Person	Newton, MA 02458	Person	Newton, MA 02458
Chief Financia Other Treasurer	ol Officer and Other	Secretary  Other	Other
☐Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized	255 Washington St., Suite 300	Authorized	
Person	Newton, MA 02458	Person	
Assistant Se		Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Perfield	
Signature of an authorized person	
Richard W. Siedel, Jr., Chief Financial Officer and Treasurer	
Typed or printed name of signee	

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ILPT RUSKIN PROPERTIES 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 FOURTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILPT RUSKIN PROPERTIES LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2019.

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

19 APR -4 PH 12: 59
SECRETARY OF STATE
SECRETARY OF STATE



Authentication: 202581122

Date: 04-04-19