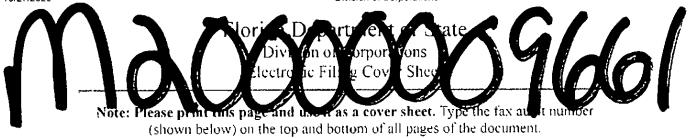
10/27/2020 **Division of Corporations** 



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company CIOF I - FL4M01, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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APPLICATION BY FOREIGN LIM	ITED LIABILITY COMPANY FOR AUTHO	IRIZATION TO TRANSACT BUSINESS
"5	IN FLORIDA	•

	TION 605.0002, FLORIDA STATUTES, THE FOLI SINESS IN THE STATE OF ELORIDA:	(21/11/10/10/10/10/10/10/10/10/10/10/10/10		17.11.1.10.12.11.1.11.11.11.11.11.11.11.11.11.11.1	1713212.	
CIOFT~FL4M01, i.E.	Timited Liability Company: must include Tamited L.					
(Name of Foreign	inited Liability Company; must include "Limited L.	iability Company "	"[.], € ," ar [],[.] "			
name unavailable, onto alternate i	aine adopted for the purpose of transacting business in Florid	la. Il e alternate name	must include "Uninted i tal	dulity Company," "L. I. C	marate	
Delaware		N/A				
(limsdiction under the law of w	(limediction under the law of which foreign limited liability company is organized)		3. (FT number, if applicable)			
October 26, 2020						
	(Pate had transacted business in Florida, if prior to reg (See actions 603 6904 & 605,0905; F.S. to determine	(dramor) penalty hability)				
c/o Cahot Properties I	ne	c/o Cabot	Properties, Inc.			
ticel Address of Principal Office)		6( <u> </u>    adia	ig Adaress)			
One Beacon Street, Str		One Beac	on Street, Suite 286	90		
One Beacon Street, Str	TE 2007					
Boston, Massachusetts	07108	Boston M	lassachuseus 0210	18		
Boston, Massachusetts 0.108		Solida, Calabrata da 100				
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Name and street addres		<u>NOT</u> acceptable	)			
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	CT Corporation System	<u>NOT</u> acceptable	)	**** T - *		
		<u>NOT</u> acceptable	)			
Name <sup>,</sup>	CT Corporation System	<u>VOT</u> acceptable	33324	**** T - *		
Name <sup>,</sup>	CT Corporation System  1200 South Pine Island Road  Plantation					
Name'	C T Corporation System  1200 South Pine Island Road		33324 lorida			
Name: Office Address: Registered agent's acces	CT Corporation System  1200 South Pine Island Road  Plantation  (Cay)	F	33324 Iorida	OCT 27 A 4 3	at the n	
Name: Office Address: Registered agent's acceptoring been named as referenced in this applica	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance: Pgistered agent and to accept service of praction, I hereby accept the appointment as	. F ocess for the ab registered agen	33324 lorida	liability company in this capacity.	further	
Name' Office Address: Registered agent's acceptaving been named as relesignated in this applicate comply with the provis	CT Corporation System  1200 South Pine Island Road  Plantation  (Cay)  stance: egistered agent and to accept service of pration, I hereby accept the appointment as ions of all statutes relative to the proper accept the proper accept the appointment as ions of all statutes relative to the proper accept the capacity to the proper accept the appointment as ions of all statutes relative to the proper accept the capacity to the proper accept the appointment as ions of all statutes relative to the proper accept the capacity to the proper accept the capacity the capacity to the proper accept the capacity to the proper accept the capacity the capacity the capacity that the capacity the capacity that the capacity	. F ocess for the ab registered agen	33324 lorida	liability company in this capacity.	further	
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
□Manager	Cabot Industrial Opportunity Fund I Operating Name: Partnership, L.P.	□ Manager	Name.	
Ntember	Address: c/o Cabot Properties, Inc.		Address:	
□Authorized	One Beacon Street, Suite 2800	☐ Authorized		
Person	Boston, Massachusetts 02108	Person	·	
□Other	⊡Other	Other		□Other
'IManager	Name:	□ Manager	Name:	
□Member	Address:	_Member	Address:	
□Authorized				
Person		Person		<u> </u>
□Other	Other	Other		∃Other
∐Manager	Name:	□Manager	Namer	
□Member	Address:	_Member	Address:	
□Authorized		<b>Z</b> Authorized		
Person		Person		
_Other	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 fellow as provided for in \$ 817.155, F.S.

Signature of an units rized person	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CIOF I - FL4M01, 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-SEVENTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203946607

Date: 10-27-20