

6/8/2021

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Florida Department of State
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
Phone : (614)280-3338
Fax Number : (954)208-0845

****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 NP DR. PHILLIPS, LLC

Certificate of Status	0
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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:

1. NP Dr. Phillips, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A
(F.L.I. number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)
5. AEW Capital Management, L.P.
(Street Address of Principal Office)
Two Seaport Ln, 2nd Flr, Boston, MA 02210
Boston, MA 02110
6. AEW Capital Management, L.P.
(Mailing Address)
Two Seaport Ln, 2nd Flr, Boston, MA 02210
Boston, MA 02110

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

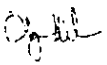
Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

FILED
2021 JUN -8 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FL

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.

 Olga Hinkel, VP
(Registered agent's signature)

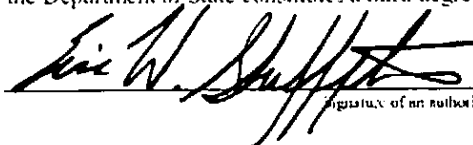
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Maureen A. Joyce</u>	<input type="checkbox"/> Manager	Name: <u>Carrie A. Bellerby</u>
<input type="checkbox"/> Member	Address: <u>c/o AEW Capital Management</u>	<input type="checkbox"/> Member	Address: <u>c/o AEW Capital Management</u>
<input checked="" type="checkbox"/> Authorized	<u>Two Seaport Lane, 2nd Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>Two Seaport Lane, 2nd Floor</u>
Person	<u>Boston, MA 02210</u>	Person	<u>Boston, MA 02210</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Michael Byrne</u>	<input type="checkbox"/> Manager	Name: <u>Alec D. Burleigh</u>
<input type="checkbox"/> Member	Address: <u>c/o AEW Capital Management</u>	<input type="checkbox"/> Member	Address: <u>c/o AEW Capital Management</u>
<input checked="" type="checkbox"/> Authorized	<u>Two Seaport Lane, 2nd Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>Two Seaport Lane, 2nd Floor</u>
Person	<u>Boston, MA 02210</u>	Person	<u>Boston, MA 02210</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Seth E. Berger</u>	<input type="checkbox"/> Manager	Name: <u>Jeffrey D. Furber</u>
<input type="checkbox"/> Member	Address: <u>c/o AEW Capital Management</u>	<input type="checkbox"/> Member	Address: <u>c/o AEW Capital Management</u>
<input checked="" type="checkbox"/> Authorized	<u>Two Seaport Lane, 2nd Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>Two Seaport Lane, 2nd Floor</u>
Person	<u>Boston, MA 02210</u>	Person	<u>Boston, MA 02210</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 signature of an authorized person
 Eric Skeffington, Authorized Person

 Typed or printed name of signer

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

SECTION 8 CONTINUED

AUTHORIZED PERSONS

James J. Finnegan, Authorized Person
c/o AEW Capital Management, L.P.
Two Seaport Lane, 2nd Floor
Boston, MA 02210

Pamela J. Herbst, Authorized Person
c/o AEW Capital Management, L.P.
Two Seaport Lane, 2nd Floor
Boston, MA 02210

Jon E. Martin, Authorized Person
c/o AEW Capital Management, L.P.
Two Seaport Lane, 2nd Floor
Boston, MA 02210

Thomas E. Mullahey, Authorized Person
c/o AEW Capital Management, L.P.
Two Seaport Lane, 2nd Floor
Boston, MA 02210

Robert J. Plumb, Authorized Person
c/o AEW Capital Management, L.P.
Two Seaport Lane, 2nd Floor
Boston, MA 02210

Public Employees' Retirement System of Nevada, Member
c/o AEW Capital Management, L.P.
Two Seaport Lane, 2nd Floor
Boston, MA 02210

Eric Skeffington, Authorized Person
c/o DLA Piper LLP (US)
33 Arch Street, 26th Floor
Boston, MA 02110

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NP DR. PHILLIPS, 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 EIGHTH DAY OF JUNE, A.D. 2021.

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



5969134 8300

SR# 20212379244

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203388248

Date: 06-08-21