

8/11/21

Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2021 AUG 11 PM 12:18

**Foreign Limited Liability Company****CPT UNIVERSITY PARK AT BRIDGEWATER, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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ALLAHASSEE, FLORIDA

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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. CPT UNIVERSITY PARK AT BRIDGEWATER, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A

(F.T. number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine details liability)

5. c/o AEW Capital Management, LP

(Street Address of Principal Office)

2 Seaport Lane, 15th Floor

Boston, Massachusetts 02210

6. c/o AEW Capital Management, LP

(Mailing Address)

2 Seaport Lane, 15th Floor

Boston, Massachusetts 02210

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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

(City)

33324

(Zip code)

, Florida

## 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.

C T Corporation System

By:

Chris Rickard, Assistant Secretary

(Registered agent's signature)

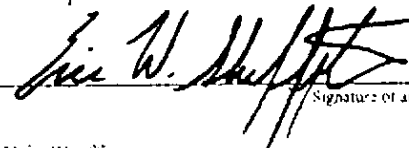
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Daniel Bradley</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>2 Seaport Lane, 15th Floor</u>           | <input checked="" type="checkbox"/> Authorized | <u>2 Seaport Lane, 15th Floor</u>           |
| Person   | <u>Boston, Massachusetts 02210</u>          | Person   | <u>Boston, Massachusetts 02210</u>          |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        |
| <br><input type="checkbox"/> Manager           | Name: <u>Seth E. Berger</u>                 | <br><input type="checkbox"/> Manager           | Name: <u>Michael P. Byrne</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>2 Seaport Lane, 15th Floor</u>           | <input checked="" type="checkbox"/> Authorized | <u>2 Seaport Lane, 15th Floor</u>           |
| Person   | <u>Boston, Massachusetts 02210</u>          | Person   | <u>Boston, Massachusetts 02210</u>          |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        |
| <br><input type="checkbox"/> Manager           | Name: <u>Sara Cassidy</u>                   | <br><input type="checkbox"/> Manager           | Name: <u>Lily Kao</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>2 Seaport Lane, 15th Floor</u>           | <input checked="" type="checkbox"/> Authorized | <u>2 Seaport Lane, 15th Floor</u>           |
| Person   | <u>Boston, Massachusetts 02210</u>          | Person   | <u>Boston, Massachusetts 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  
 \_\_\_\_\_  
 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, 15<sup>th</sup> Floor  
Boston, MA 02210

Pamela J. Herbst, Authorized Person  
c/o AEW Capital Management, L.P.  
Two Seaport Lane, 15<sup>th</sup> Floor  
Boston, MA 02210

Jon E. Martin, Authorized Person  
c/o AEW Capital Management, L.P.  
Two Seaport Lane, 15<sup>th</sup> Floor  
Boston, MA 02210

Thomas E. Mullahey, Authorized Person  
c/o AEW Capital Management, L.P.  
Two Seaport Lane, 15<sup>th</sup> Floor  
Boston, MA 02210

Robert J. Plumb, Authorized Person  
c/o AEW Capital Management, L.P.  
Two Seaport Lane, 15<sup>th</sup> Floor  
Boston, MA 02210

AEW Core Property Trust Holding LP  
c/o AEW Capital Management, L.P.  
Two Seaport Lane, 15<sup>th</sup> Floor  
Boston, MA 02210

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

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPT UNIVERSITY PARK AT BRIDGEWATER, 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 ELEVENTH DAY OF AUGUST, A.D. 2021.

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

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SR# 20212945010

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A 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: 203892956

Date: 08-11-21