

11/16/21, 4:34 PM

Division of Corporations

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

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 SECRETARY OF STATE  
 FALL AHBASSEE, FLORIDA

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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: \_\_\_\_\_

**Foreign Limited Liability Company  
 USVI 7408 Lake Worth Road LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

2021 NOV 16 PM 5:03

FALL AHBASSEE, FLORIDA

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. USVI 7408 Lake Worth Road LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name 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. (EIN number, if applicable)

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

5. 2 Seaport Lane, 15th Floor (Street Address of Principal Office)
Boston, MA 02210
e/o AEW Capital Management, L.P.
6. 2 Seaport Lane, 15th Floor (Mailing Address)
Boston, MA 02210
e/o AEW Capital Management, L.P.

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)

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TALLAHASSEE, FLORIDA

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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.

By: C T Corporation System (Registered agent's signature)

Stephanie Hencz Assistant Secretary

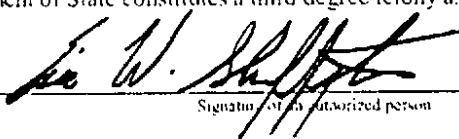
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>James J. Finnegan</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, 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>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, 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>Joshua Heller</u>                  | <input type="checkbox"/> Manager               | Name: <u>Sara Cassidy</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, 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  
 \_\_\_\_\_  
 Typed or printed name of signer

AUTHORIZED PERSONS

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

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

Neal K. Sharma  
c/o AEW Capital Management, L.P.  
Two Seaport Lane, 15<sup>th</sup> Floor  
Boston, MA 02210

Dana C. Spires  
c/o AEW Capital Management, L.P.  
Two Seaport Lane, 15<sup>th</sup> Floor  
Boston, MA 02210

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USVI 7408 LAKE WORTH ROAD 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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



*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

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SR# 20213813142

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

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Date: 11-16-21