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(Address)

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S. ROBERTS

FEB 03 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ILPT 4S Orlando LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

c/o Marisa K. Williams
Name of Person

Sullivan & Worcester LLP
Firm/Company

One Post Office Square
Address

Boston, MA 02109
City/State and Zip Code

mwilliams@sullivanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisa K. Williams at (617) 338 2485
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. ILPT 4S Orlando 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. Two Newton Place 6. Two Newton Place
(Street Address of Principal Office) (Mailing Address)
255 Washington Street, Suite 300 255 Washington Street, Suite 300
Newton, MA 02458 Newton, MA 02458

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee Florida 32301
(City) (Zip code)

FILED
2022 FEB -3 AM 10:21
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.

Eylima Bahor
Assistant Vice President
(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]:

Title or Capacity: Name and Address:

☒ Manager Name: Adam D. Portnoy

☐ Member Address: Two Newton Place

☐ Authorized 255 Washington St., Ste. 300

Person Newton, MA 02458

☐ Other _____ ☐ Other _____

☐ Manager Name: Richard W. Siedel, Jr.

☐ Member Address: Two Newton Place

☐ Authorized 255 Washington St., Ste. 300

Person Newton, MA 02458

☒ Other Chief Financial Officer and Treasurer ☐ Other _____

☐ Manager Name: Jennifer B. Clark

☐ Member Address: Two Newton Place

☐ Authorized 255 Washington St., Ste. 300

Person Newton, MA 02458

☒ Other Secretary ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: John G. Murray

☐ Member Address: Two Newton Place

☐ Authorized 255 Washington St., Ste. 300

Person Newton, MA 02458

☒ Other President and Chief Executive Officer ☐ Other _____

☐ Manager Name: Yael Duffy

☐ Member Address: Two Newton Place

☐ Authorized 255 Washington St., Ste. 300

Person Newton, MA 02458

☒ Other Vice President and Chief Operating Officer ☐ Other _____

☐ Manager Name: Jacquelyn S. Anderson

☐ Member Address: Two Newton Place

☐ Authorized 255 Washington St., Ste. 300


Person Newton, MA 02458

☒ Other Assistant Secretary ☐ 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

Richard W. Siedel, Jr., Chief Financial Officer and Treasurer

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILPT 4S ORLANDO 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 THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILPT 4S ORLANDO LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2022.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6586681 8300

SR# 20220351236

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202562192

Date: 02-03-22