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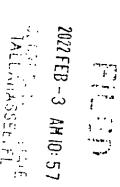
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S. ROBERTS FEB 0 3 2022

COVER LETTER

TO:

Registration Section

Div	ision of Corporations				
SUBJECT:	II.PT Doral FL LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to	the following:			
	c/o Rachael Charest				
		Name of Person			
	Sullivan & Worcester LLP				
		Firm/Company			
	One Post Office Square				
		Address			
	Boston, MA 02109				
	Ci	ty/State and Zip Code			
	rcharest@sullivanlaw.com				
	E-mail address: (to be	used for future annual report notification)			
For further in	nformation concerning this matter, please call	:			
Rac	chael Charest	617 338-2868 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	iling Address: gistration Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tal	lahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEP/5125.00 Filing Fee Certificate of	& 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ILPT Doral FL LLC (Name of Foreign	Limited Liability Company: must include "Limit	ed Liabilit	y Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in l	Florida The	alternate name must include "Limited Liability C	ompany," "L. L. C	" or "LLC	")
Delaware						
(Jurisdiction under the law of which foreign limited liability company is organized)		d) (FEI number, if applicable)				
1	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration	n.) liability}			
Two Newton Place 5.		Two Newton Place				
O. Street Address of Principal Office)	_	0.	(Mailing Address)			
255 Washington Street	t, Suite 300		255 Washington Street, Suite 300			
Newton, MA 02458			Newton, MA 02458			
 Name and <u>street addres</u> Name: 	ss of Florida registered agent: (P.O. Bo. Corporation Service Company	x <u>NOT</u>	acceptable)	SEES PARTS	022 FEB - 3 /	E L
Office Address:	1201 Hays Street				AM 10: 5	[" V PROSET? Taylor
	Tallahassee 32301		700	7		
	(City)	-	(Zip code)			
designated in this applica to comply with the provisi	stance: registered agent and to accept service of tion, I hereby accept the appointment o ions of all statutes relative to the prope s of my position as registered agent. Assistant Vice	us register and co	ered agent and agree to act in this	capacity. I	further	agre

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: Name and Address: Adam D. Portnoy John G. Murray **⊠**Manager ✓ Manager Two Newton Place Two Newton Place Member Address: Member Address: 255 Washington St., Ste. 300 255 Washington St., Ste. 300 Authorized Authorized Newton, MA 02458 Newton, MA 02458 Person Person __JOther___ Other_ ⊠]Other Executive Officer Other Richard W. Siedel, Jr. Yael Duffy Manager Manager | Name: Two Newton Place Two Newton Place Member Address: Address: 255 Washington St., Ste. 300 255 Washington St., Ste. 300 ■Authorized Authorized Newton, MA 02458 Newton, MA 02458 Person Person Chief Financial Officer Vice President and ⊠Other_ and Treasurer Other Other Chief Operating Officer Other Jennifer B. Clark Jacquelyn S. Anderson __Manager Two Newton Place Two Newton Place Member Address: 255 Washington St., Ste. 300 255 Washington St., Ste. 300 Authorized Authorized Newton, MA 02458 Newton, MA 02458 Person Person Other Assistant Secretary **区**Other_ _Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

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

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ILPT DORAL FL 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 DORAL FL 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.



Authentication: 202562169

Date: 02-03-22