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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL

S. ROBERTS  
FEB 03 2022



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 MIA FL 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. (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 (Street Address of Principal Office)
255 Washington Street, Suite 300
Newton, MA 02458
6. Two Newton Place (Mailing Address)
255 Washington Street, Suite 300
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)

2022 FEB -3 PM 3:04
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 Bahar
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:**  Manager  
**Name and Address:** Name: Adam D. Portnoy  
Address: Two Newton Place  
255 Washington St., Ste. 300  
Person Newton, MA 02458  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: John G. Murray  
Address: Two Newton Place  
255 Washington St., Ste. 300  
Person Newton, MA 02458  
 Other President and Chief Executive Officer \_\_\_\_\_  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: 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: Jennifer B. Clark  
 Member Address: Two Newton Place  
 Authorized 255 Washington St., Ste. 300  
Person Newton, MA 02458  
 Other Secretary \_\_\_\_\_  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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILPT MIA 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 MIA 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.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20220351196

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

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Date: 02-03-22