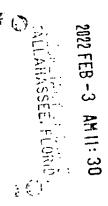
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(Requestor's Name)
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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S. ROBERTS FEB 0 3 2022

COVER LETTER

TO;	Registration Section Division of Corporations	
SUBJE	ILPT MIA FL LLC	
001341		Name of Limited Liability Company
		ted Liability Company for Authorization to Transact Business in Florida." Certificate of ter the above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning	this matter to the following:
	c/o Rachael Charest	
		Name of Person
	Sullivan & Worcester LL	.P
		Firm/Company
		Address
	Boston, MA 02109	
		City/State and Zip Code
	rcharest@sullivanlaw.com	
	E-mail a	ddress: (to be used for future annual report notification)
For furt	ner information concerning this mat	ter, please call:
	Rachael Charest	617 338-2868 at ()
	Name of Contact	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	• •	ng amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate nam	ne adopted for the purpose of transacting business in F	Florida The alter	nate name must include "Limited Liab	ility Company," "L.L.C," or "LLC,")
Delaware		3.		
(Jurisdiction under the law of which	th foreign limited liability company is organized)		(FEI number,	(fapplicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) nine penalty liabi	dity)	
Two Newton Place			vo Newton Place	
reet Address of Principal Office)	-	6. (Mailing Address)		
255 Washington Street, S	Suite 300	25:	5 Washington Street, Suite	300
Newton, MA 02458		Ne	ewton, MA 02458	20 2
Name and street address	of Florida registered agent: (P.O. Box	x <u>NOT</u> acce	eptable)	FEB -3
Name:	Corporation Service Company		_	
Office Address: _	1201 Hays Street		<u></u>	- O-
	Tallahassee		32301 , Florida	
-	(City)	<u> </u>	(Zip code)	

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 Manager Name: Name: 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 President and Chief Other __Other_ Other Executive Officer Other Richard W. Siedel, Jr. Yael Duffy Manager Name: Name: 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 Chief Financial Officer Vice President and Other Chief Operating Officer and Treasurer __|Other_____ ⊠Other | __Other ____ Jennifer B. Clark Jacquelyn S. Anderson Name: Name: Manager Manager Two Newton Place Two Newton Place Address: Member ∐ Member 255 Washington St., Ste. 300 255 Washington St., Ste. 300 Authorized Authorized Newton, MA 02458 Newton, MA 02458 Person Person Other_Assistant Secretary Secretary 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



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.

Authentication: 202562145

Date: 02-03-22

6586671 8300 SR# 20220351196