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APPROVED AND CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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\_\_\_\_ CERTIFICATE OF GOOD STANDING

ACCOUNT NO. : I2000000195 REFERENCE : 469344 , 4305026
AUTHORIZATION : 4305026 COST LIMIT : \$ 155.00 ORDER DATE: February 10, 2022 ORDER TIME : 1:44 PM ORDER NO. : 469344-475 CUSTOMER NO: 4305026 FOREIGN FILINGS NAME: ILPT JACKSONVILLE LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

## **COVER LETTER**

TO:		ation Section 1 of Corporations	
SUBJE		PT Jacksonville LLC	
		Name	of Limited Liability Company
The end Existen	closed "Apace, and ch	pplication by Foreign Limited Liability C neck are submitted to register the above re	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	
		Cit	ty/State and Zip Code
	I	rcharest@sullivanlaw.com	
	_	E-mail address: (to be	used for future annual report notification)
For fur	ther infort	nation concerning this matter, please call	4
	Rachael Charest		617 338-2868 at ( )
		Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section			Street Address: Registration Section
Division of Corporations			Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallaha	assee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Please n	d is a check for the following amount: nake check payable to: FLORIDA DEPA .00 Filing Fee	& 🗆 \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limited Liability Company; must include "Liability Co	·		his Company ""L. C." or "	_ ,
Delaware	anne accepted for the purpose of autometring outsides?	THE STATE OF STATES	are righte must mercure trimined trials	my company, make or	
7	hich foreign limited liability company is organized)	3	(FEI number,	(fapplicable)	-
1					
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration ) rmine penalty liabil	už I	<u></u>	
101 Crawfords Corner	Road, Suite 1405	101 Crawfords Corner Road, S			
5. (Street Address of Principal Office) 6. (Mailing Address)					-
Holmdel, NJ 07733		Hol	mdel. NJ 07733		-
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acce	ptable)	2022 FEB	
Name:	Corporation Service Company			18 T	APPR FILI
Office Address:	1201 Hays Street		_	AH 9:	ED POVEL
	Tallahassee		32301 , Florida	37	
	(Cuy)		(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion. I hereby accept the appointment ons of all statutes relative to the prop to of my position as registered agent.  Assistant Vice (Registered agent	t as registered er and comple WWW President	agent and agree to act in .	this capacity. I furth	her agree

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: Name and Address: Title or Capacity: Monmouth Real Estate Investment Corporation □Manager Name: **□**Manager Name: \_\_\_\_\_ 101 Crawfords Corner Road ■ Member □ Member Address: \_\_\_\_\_ Suite 1405 □ Authorized □ Authorized Holmdel, NJ 07733 Person Person Other\_\_\_ Other\_\_ □Other □Other\_\_\_\_ □ Manager Name: Name: □Manager ☐Member Address: □Member Address: □ Authorized □Authorized Person Person □Other\_\_\_\_\_ ☐Other\_ Other\_\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ □ Manager □Manager Name: \_\_\_\_\_ □ Member Address: □Member Address: \_\_\_\_ □ Authorized □ Authorized Person Person □Other\_ 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. Signature of an authorized person Michael D. Prashad, authorized signatory of Monmouth Real Estate Investment

Typed or printed name of signee

Corporation, its sole member



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

DELAWARE, DO HEREBY CERTIFY "ILPT JACKSONVILLE 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 ELEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILPT JACKSONVILLE LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2022.

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



Authentication: 202637373

Date: 02-11-22