

M25000000585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

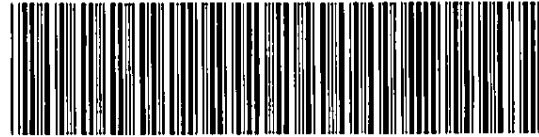
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
CORPORATIONS
25 JUN 10 PM 12:29

601 101 601103

MS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 887540 4305026

AUTHORIZATION :

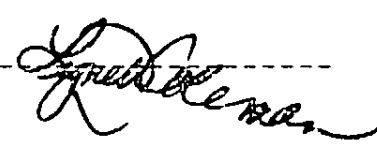
COST LIMIT : \$ 125.0

ORDER DATE : January 9, 2025

ORDER TIME : 8:52 AM

ORDER NO. : 887540-040

CUSTOMER NO: 4305026



FOREIGN FILINGS

NAME: PALM HARBOR SLC TENANT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Harbor SLC Tenant 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 Rachael Charest

Name of Person

Sullivan & Worcester LLP

Firm/Company

One Post Office Square

Address

Boston, MA 02109

City/State and Zip Code

ebone@rmrgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o Rachael Charest

617

338-2868

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

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

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. Palm Harbor SLC Tenant 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 32301
(City) , Florida (Zip code)

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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.

Shauna Godbolt
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Christopher J. Bilotto	<input type="checkbox"/> Manager	Name: Matthew C. Brown
<input type="checkbox"/> Member	Address: Two Newton Place	<input type="checkbox"/> Member	Address: Two Newton Place
<input type="checkbox"/> Authorized	255 Washington Street, Suite 300	<input type="checkbox"/> Authorized	255 Washington Street, Suite 300
Person:	Newton, MA 02458	Person:	Newton, MA 02458
<input checked="" type="checkbox"/> Other <small>President and Chief Executive Officer</small>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <small>Chief Financial Officer & Treasurer</small>	<input type="checkbox"/> Other
		255 Washington Street, Suite 300	
<input type="checkbox"/> Manager	Name: Jennifer B. Clark	<input type="checkbox"/> Manager	Name: Jacquelyn S. Anderson
<input type="checkbox"/> Member	Address: Two Newton Place	<input type="checkbox"/> Member	Address: Two Newton Place
<input type="checkbox"/> Authorized	255 Washington Street, Suite 300	<input type="checkbox"/> Authorized	255 Washington Street, Suite 300
Person:	Newton, MA 02458	Person:	Newton, MA 02458
<input checked="" type="checkbox"/> Other <small>Secretary</small>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <small>Assistant Secretary</small>	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Adam D. Portnoy	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: Two Newton Place	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	255 Washington Street, Suite 300	<input type="checkbox"/> Authorized	_____
Person:	Newton, MA 02458	Person:	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

Matthew C. Brown

Signature of an authorized person

Matthew C. Brown, Chief Financial Officer & Treasurer

Typed or printed name of signer

887540-40

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM HARBOR SLC TENANT 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 NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM HARBOR SLC TENANT LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2024.

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



10051225 8300

SR# 20250081631

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202658263

Date: 01-09-25