

3/12/2021

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Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 MAR 15 AM 7:13

Foreign Limited Liability Company
ART Leasing LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ART Leasing 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 81-1745733
(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 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 10 Glenlake Parkway, Suite 600 10 Glenlake Parkway, Suite 600
(Street Address of Principal Office) (Mailing Address)
South Tower South Tower
Atlanta, GA 30328 Atlanta, GA 30328

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

By: C T Corporation System Lisa D DuBois, Assistant Secretary
(Registered agent's signature)

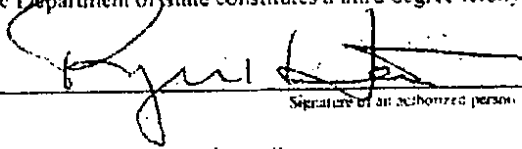
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<p>Title or Capacity:</p> <p><input type="checkbox"/> Manager</p> <p><input checked="" type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name and Address:</p> <p>Name: <u>Americold Logistics, LLC</u></p> <p>Address: <u>10 Glenlake Parkway, Suite 600, South Tower</u></p> <p><u>Atlanta, GA 30328</u></p> <p>_____ _____ _____</p>	<p>Title or Capacity:</p> <p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input checked="" type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name and Address:</p> <p>Name: <u>James C. Snyder, Jr., EVP & Secretary</u></p> <p>Address: <u>10 Glenlake Parkway</u></p> <p><u>Suite 600, South Tower</u></p> <p><u>Atlanta, GA 30328</u></p> <p>_____ _____ _____</p>
<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input checked="" type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: <u>Randolph L. Hutto, Asst Secretary</u></p> <p>Address: <u>10 Glenlake Parkway</u></p> <p><u>Suite 600, South Tower</u></p> <p><u>Atlanta, GA 30328</u></p> <p>_____ _____ _____</p>
<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized Person</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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
 Randolph L. Hutto, Assistant Secretary

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 "ART LEASING 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 TWELFTH DAY OF MARCH, A.D. 2021.

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



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

S964401 8300

SR# 20210891087

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

Authentication: 202719269

Date: 03-12-21