# B2000000042

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
|                                         |
|                                         |

Office Use Only



500340839025

520 FEB 24 - 78 9: 45

K. SALY FEB 2 5 2020 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 190064 5174517

AUTHORIZATION : Open to the contract of the co

COST LIMIT : \$ 1052.50

ORDER DATE: February 24, 2020

ORDER TIME : 12:09 PM

ORDER NO. : 190064-010

CUSTOMER NO: 5174517

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### FOREIGN FILINGS

NAME: OZ REALTY (BLUE HERON

LOGISTICS CENTER FLORIDA)

LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: <u>LP</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:



## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                 |                                                                                                  |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| SUBJECT: Oz Realty (Blue Heron Logistics                                                                                                          | Center Florida) Limited                                                                          | I Partnership                                                                 |
|                                                                                                                                                   |                                                                                                  | Liability Limited Partnership                                                 |
| The enclosed application, certificate of status as partnership to transact business in Florida.  Please return all correspondence concerning this |                                                                                                  | o register a foreign limited partnership or limited liability limited         |
| Fred Tkalec                                                                                                                                       |                                                                                                  |                                                                               |
| Contact Person                                                                                                                                    |                                                                                                  | _                                                                             |
| Dalfen Industrial LLC                                                                                                                             |                                                                                                  |                                                                               |
| Firm/Company                                                                                                                                      |                                                                                                  | <del>-</del>                                                                  |
| 17304 Preston Road, Suite 550                                                                                                                     |                                                                                                  |                                                                               |
| Address                                                                                                                                           |                                                                                                  | -                                                                             |
| Dallas, Texas 75252                                                                                                                               |                                                                                                  |                                                                               |
| City, State and Zip Code                                                                                                                          |                                                                                                  | _                                                                             |
| fikalec@dalfen.com                                                                                                                                |                                                                                                  |                                                                               |
| E-mail address: (to be used for future annual n                                                                                                   | eport notification)                                                                              | -                                                                             |
| For further information concerning this matter, p                                                                                                 | olease call:                                                                                     |                                                                               |
| Fred Tkalec                                                                                                                                       | 514                                                                                              | 938-1048                                                                      |
| Name of Contact Person                                                                                                                            | Area Code an                                                                                     | nd Daytime Telephone Number                                                   |
| Enclosed is a check for the following amount:                                                                                                     |                                                                                                  |                                                                               |
| \$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status   | rees 🔳 \$1,052.50 Fili<br>and Certified (                                                        | ing Fees S1,061.25 Filing Fee, Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                 | MAILING ADDI<br>Registration Section<br>Division of Corpo<br>P. O. Box 6327<br>Tallahassee, FL 3 | on<br>prations                                                                |

### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

FILED AND OFFER 24 MILES OF THE

Oz Realty (Blue Heron Logistics Center Florida) Limited Partnership (Name of Limited Partnership or Limited Liability Limited Partnership, which must include sufftx) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 3 February \_\_\_\_\_, 2020 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. 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 consplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company Kadesha Roberson Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 17304 Preston Road, Suite 550 17304 Preston Road, Suite 550 Dallas, Texas 75252 Dallas, Texas 75252 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner:\_\_\_\_\_Name of General Partner:\_\_\_\_\_ 17304 Preston Road, Suite 550 Street Address: Street Address: Dallas, Texas 75252 17304 Preston Road, Suite 550 Mailing Address: \_\_\_\_ Mailing Address:\_\_ Dallas, Texas 75252 Name of General Partner:\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_ Street Address: \_\_\_\_\_\_ Street Address: Mailing Address:\_\_ Mailing Address:

| Name of General Partner:                                                                                      | Name of General Partner:                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                               | Street Address:                                                                                                                                                   |
| Mailing Address:                                                                                              | Mailing Address:                                                                                                                                                  |
| document's effective date on the Department of State  12. Attached is a certificate of existence duly authent | days after the date this document is filed by the Florida Department of State.) the applicable statutory filing requirements, this date will not be listed as the |
| Signed this day of Februar                                                                                    | Signature of a general partner                                                                                                                                    |
| The individual signing this document affirms that the ubmitted in a document to the Department of State co    | facts stated herein are true and the individual is aware that false information onstitutes a third degree felony as provided for in s.817.155, F.S.               |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional):                                     | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)<br>\$52.50                                                                                            |

Page 2 of 2

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OZ REALTY (BLUE HERON LOGISTICS CENTER

FLORIDA) LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE

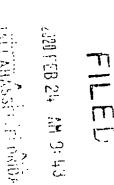
STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE

SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH

DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OZ REALTY (BLUE HERON LOGISTICS CENTER FLORIDA) LIMITED PARTNERSHIP" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2020.

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





Authentication: 202444348

Date: 02-24-20

7863142 8300 SR# 20201413771