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(((H210003518673)))



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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.

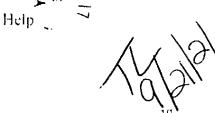
Email Address:

FLORIDA/FOREIGN LP/LLLP

SPUS9 Centerstate Logistics Park East Land II, LP

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

Electronic Filing Menu Corporate Filing Menu



From: Kimberly Laughrey

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

2021-09-20 13:19:57 CST

(Name of L Acceptable Limited F	armership suffixes: Limited Parmers	lity Limited Partnership, which must include s hip, Limited, L.P., I.P., or Ltd. Limited Liability Lunited Partnership, L.L.L.P. o	
If name unavailable	, name under which the limited partne business in Florid	ship or limited liability limited partnership propo a, must contain acceptable suffix.	ises to register to transact
, Delaware		3. September 15, 2021	
<u></u>	ate or Country of Formation	Date of Formation	
4. Federal Employe	r Identification Number		
5. Name of Register	ed Agent for Service of Process and	Florida Street Address:	
CT Corporation Sys	stent		
1200 South Pine Isla	and Road		
Plantation, FL 3332	4		
6. I hereby accept the of all statutes relating position as reg	nive to the proper and complete perfor sistered agent. Lame. In 2014	l agree to act in this capacity. I further agree to a mance of my duties, and I am familiar with and a known that the control of the control	comply with the provisions accept the obligations of
	ANGERTA SAUGUY		
7. Principal Office:		8. Mailing Address:	
601 S. Figueroa St.,	Floor 49	601 S. Figueroa St., Floor 49	
Los Angeles, CA 90	0017	Los Angeles, CA 90017	
Name, principa Name of General Street Address. Mailing Address		Suf each general partner; Summer of General Partner Street Address Mailing Address	21 SEP 20 MI 0: 17
Street Address.			
Mailing Address	s		

Filing Fees:

Certified Copy (optional): Certificate of Status (optional):

From; Kimberly Laughrey

Page 1 of 2

Name of General Partner.	Name of General Partner:		
Street Address:	Street Address:		
Mailing Address:	Mailing Address		
11 Effective date, if other than the date of filing. (Effective date cannot be prior to nor more than 90 days after to Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's (ecords)	he date this document is filed by the Florida Department of State.) the statutory filing requirements, this date will not be listed as the		
12 Attached is a certificate of existence duly authenticated, not Florida Department of State, by the Secretary of State or other of the law of which it is organized.	more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under		
Signed this 16 day of September			
	e of a general partner		
Signature of a general partner			
The individual signing this document affirms that the facts state submitted in a document to the Department of State constitutes	ed herein are true and the individual is aware that false information a third degree felony as provided for in \$ 817,155, F.S.		

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\$52,50

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPUS9 CENTERSTATE LOGISTICS PARK EAST

LAND II, LP" 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 TWENTIETH DAY OF SEPTEMBER,

A.D. 2021.

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

Authentication: 204196716

Date: 09-20-21