

Document Number Only

B980000000470

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

900002594499--8
-07/21/98--01097--005
***1785.00 ***1785.00

AMB INC., L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 21 PM 1:39 RECEIVED

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Thanks,
Jeff

7-21-98

mk
7/21/98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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July 21, 1998

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: AMB INC., L.P.
Ref. Number: W98000016575

We have received your document for AMB INC., L.P. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,785.00 payment.

The name of your limited partnership is not available. A foreign limited partnership whose name is not available in Florida must adopt another name which contains the words "Limited" or its abbreviation "Ltd." for use in the state of Florida. Please complete number 2 on the application with an alternate name for use in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 898A00038628

Florida Department of State, Sandra B. Mortham, Secretary of State
**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
 AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. AMB/Erie, L.P.
 (Name of limited partnership as it is in the home state)

2. _____
 (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. 3/16/98
 (State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM
 (Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
 (Street Address of Registered Office)

Plantation, Florida 33324
 (City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

C T CORPORATION SYSTEM
Connie Bryan **CONNIE BRYAN**
 (Officer must sign on this line) **SPECIAL ASSISTANT SECRETARY**

8. Corporation Trust Center
1209 Orange Street, Wilmington, Delaware 19801
 (Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAME OF GENERAL PARTNERS STREET ADDRESS

✓ AMB Property, L.P. 505 Montgomery St., San Francisco, CA 94111

1970 0000636

10. 505 Montgomery St., San Francisco, CA 94111
 (Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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 98 JUL 21 PM 1:39

12. 505 Montgomery StreetSan Francisco, CA 94111

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 20th day of July, 19 98

AMB Property, L.P., Its General Partner

BY: AMB Property Corp. General Partner

By:

(Name and Title)

STATE OF

California

COUNTY OF

San Francisco

On this 20th day of July, 19 98

Craig A. Severance

personally appeared before me,

☒ who is personally known to me

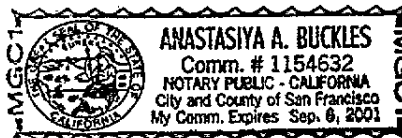
☐ whose identity I proved on the basis of _____

Anastasiya A. Buckles
(Notary Public Signature)

Anastasiya A. Buckles
(Notary's Printed Name)

Seal

My Commission Expires: _____



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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared _____
 a general partner of AMB/Erie, L.P., a (an) Delaware
 limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 3,798,510.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 3,798,510.

Under the penalties of perjury, I being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 20th day of July, 19 98

AMB Property, L.P.

General Partner

By: [Signature]
 (Name and Title)

STATE OF California
 COUNTY OF San Francisco

On this 20th day of July, 19 98

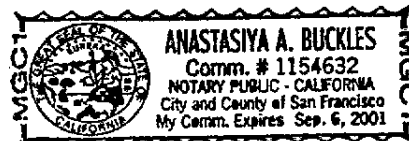
Craig A. Severance

personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Anastasiya A. Buckles
 (Notary Public Signature)

Anastasiya A. Buckles
 (Notary's Printed Name)



Seal

My Commission Expires: _____

CALIFORNIA

ALL-PURPOSE

ACKNOWLEDGEMENT

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STATE OF CALIFORNIA

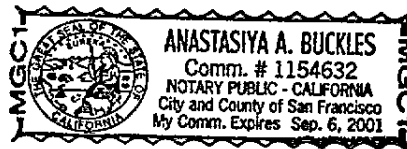
COUNTY OF

San Francisco

On July 20, 1998 before me, Anastasiya A. Buckles,
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared, Craig A. Severance
personally known to me (~~or proved to me on the basis of satisfactory evidence~~) to be the person(s)
whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/
they executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and official seal.



Anastasiya A. Buckles (SEAL)
NOTARY PUBLIC SIGNATURE

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT applic. by foreign partnership (AMB Inc L
DATE OF DOCUMENT 7/20/98 NUMBER OF PAGES 1st page of docu.
SIGNER(S) OTHER THAN NAMED ABOVE _____