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**EXAMINER** 

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SECRETARY OF STATE
TALL AHASSEE



	,
ACCOUNT NO.	: 072100000032
REFERENCE	: 394783 7143029
AUTHORIZATION	Sould de man Finance
COST LIMIT	: \$ 225.00
ORDER DATE : January 9, 2008	: 394783 7143029 : Spelle na 7575 : \$ 25.00
ORDER TIME : 11:04 AM	P P
ORDER NO. : 394783-010	
CUSTOMER NO: 7143029 ,	•
FOREIGN F	ILINGS
NAME: PROLOGIS-A5 FI	L I LLC
XXXX QUALIFICATION (TYPE: LI	ᆫ)
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING .
CONTACT PERSON: Susie Knight -	EXT# 2956
	EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA ProLogis-A5 FL I 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4 November 16, 2007 Perpetual (Duration: Year limited liability company will exist or "perpetual") (Date of Organization) 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. Attn: Legal Department, 4545 Airport Way, Denver, CO 80239 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: ProLogis Third U.S. Properties, LP, a Delaware limited partnership 4545 Airport Way, Denver, CO 80239 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SEE ATTACHED SIGNATURE PAGE

Typed or printed name of signee

11. Nature of business or purposes to be conducted or promoted in Florida:

The investment in and operation of real estate.

#### PROLOGIS-A5 FL I LLC

Qualification Application Signature Page

PROLOGIS-A5 FL I LLC a Delaware limited liability company

By: ProLogis Third U.S. Properties, LP a Delaware limited partnership its sole member

By: ProLogis Third GP LLC
a Delaware limited liability company
its general partner

By: ProLogis North American Industrial Fund V, LP a Delaware limited partnership its sole member

By: ProLogis NA Industrial Fund V GP LLC a Delaware limited liability company its general partner

By: Edual S. Mehif

Name: Edward S. Nekritz
Title: Managing Director and Secretary

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name una	vailable, the alternate name to	be used in the state of Florida is:	
2. The name	e and the Florida street addres	s of the registered agent and office are:	
	Corporation Service C	Company	
		(Name)	
	1201 Hays Street		
	Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FI. 32301	
		City/State/Zip	
liability compagent and ag relating to the obligations of	pany at the place designated in ree to act in this capacity. I fin e proper and complete perform	l to accept service of process for the above stat this certificate, I hereby accept the appointme rther agree to comply with the provisions of al nance of my duties, and I am familiar with and nt as provided for in Chapter 608, Florida Sta	ent as registered Il statutes accept the

(Signature)

Jane S. Krayer, Assistant VP

\$ 100.00 Filing Fee for Application Designation of Registered Agent \$ 25.00 \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROLOGIS-A5 FL I 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 TENTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLOGIS-A5 FL I LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2007.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6300261

DATE: 01-10-08

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