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| (Re                                     | equestor's Name)   |           |  |
|---|--------------------|-----------|--|
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| (Ci                                     | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | WAIT               | MAIL      |  |
| (Bu                                     | ısiness Entity Nam | ne)       |  |
| (Document Number)                       |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
|   |                    |           |  |
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10 DEC 16 AM II: 48
SECRETARY OF STATE
ALL AHASSEE, FLORID

J. BRYAN

DEC 17 2010

**EXAMINER** 

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

| SUBJECT. Du                            | ke PAC 2, LLC   |  |  |  |
|--|---|--|--|--|
| SUBJECT.                               |   | e of Limited Liability Company   |  |  |
| The enclosed "Ap<br>Existence, and che | plication by Foreign Limited Liabileck are submitted to register the abo          | lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida |  |  |
| Please return all co                   | orrespondence concerning this mat   | ter to the following:  |  |  |
| <u>!</u>                               | Beth Talbott  | ·  |  |  |
|  |   | Name of Person   |  |  |
| 1                                      | Duke Realty Corporation   |  |  |  |
| _                                      |   | Firm/Company   |  |  |
| (                                      | 600 E. 96th St., Suite 10   |  |  |  |
| _                                      |   | Address SSEY - M   |  |  |
| <u> </u>                               | ndianapolis, IN 46240   | City/State and Zip Code  |  |  |
|  |   | City/State and Zip Code  |  |  |
| beth.talbott@dukerealty.com            |   |  |  |  |
|  | E-mail address: (to   | be used for future annual report notification)   |  |  |
| For further inform                     | nation concerning this matter, pleas  | e call:  |  |  |
| Beth 1                                 | Γalbott   | at (317 ) 808-6393   |  |  |
|  | Name of Person  | Area Code & Daytime Telephone Number   |  |  |
| Division<br>Registrat<br>P.O. Box      | of Corporations tion Section to 6327 see, FL 32314                                | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                                |  |  |
| Enclosed is a c                        | heck for the following amount Filing Fee \$130.00 Filing Fee Certificate of State | e & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate   |  |  |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Dula DAGO LLO   |
|---|
| 1. Duke PAC 2, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
| (Name of Foleigh Elithica Elability Company, must include Elithica Elability Company, E.E.C., of EEC.)  |
| (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.")   |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. applied for (FEI number, if applicable)  |
| 4. December 10, 2010  (Date of Organization)  5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")   |
| 6   |
| (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7. 600 E. 96th St., Suite 100   |
| 7. 600 E. 96th St., Suite 100 Indianapolis, IN 46240  |
| (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:  |
| Duke Realty Limited Partnership   |
| 600 E. 96th Street, Suite 100   |
| Indianapolis, IN 46240  |
| 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.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Own, manage, improve,  |
| operate, finance, lease, hold and sell certain real estate  |
| Jamo C.   |
| 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. 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.)  |

David P. Durm, Vice President, Legal & Asst. Secretary

Typed or printed name of signee

## 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.

| 1. The name of the Limited Liability Company is:   |  |
|--|--|
| Duke PAC 2, LLC  | ************************************** |
| If unavailable, the alternate to be used in the state of Florida is:                                   |  |
|  | 14 SE                                  |
| 2. The name and the Florida street address of the registered agent and office are:                     | 10 DEC 16                              |
| CT Corporation System  | MA R II                                |
| (Name)   | OF STATE                               |
| 1200 South Pine Island Road c/o CT Corporation System Florida Street Address (P.O. Box NOT ACCEPTABLE) | ANII: 48 YOF STATE SEE. FLORIDA        |
| Plantation FL 33324 City/State/Zip   |  |
|  |  |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

James M. Halpin

(Signature)

Assistant Secretary

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



PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "DUKE PAC 2, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2010.

10 DEC 16 AM II: 48
SECRETARY OF STATE
AND ANASSEF, FLORIDA

4911567 8300

101171702

ANYS CONTRACTOR OF THE PARTY OF

AUTHENTICATION: 8420240

DATE: 12-13-10

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