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| PICK-UP                                 | ☐ WAIT             | MAIL                                    |  |  |
| (Bu                                     | siness Entity Nan  | ne)                                     |  |  |
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| Certified Copies Certificates of Status |                    | of Status                               |  |  |
| Special Instructions to Filing Officer: |                    |   |  |  |
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February 6, 2014

CSC SUSIE KNIGHT TALLAHASSEE, FL Please give original submission date as file date.

SUBJECT: PREPI GAVI WESTPOINT DISTRIBUTION CENTER, LLC

Ref. Number: W14000007820

We have received your document for PREPI GAVI WESTPOINT DISTRIBUTION CENTER, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 014A00002707



5



ACCOUNT NO. : I2000000195

REFERENCE : 992037 4327719

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 5, 2014

ORDER TIME : 1:04 PM

ORDER NO. : 992037-010

CUSTOMER NO: 4327719

#### FOREIGN FILINGS

NAME: PREPI GAVI WESTPOINT

DISTRIBUTION CENTER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PREPI GAVI Westpoint Distribution Center, 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) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 PREPI GAVI Westpoint Distribution Center, LLC 711 High Street, Des Moines, Iowa 50392 (Street Address of Principal Office) 6 PREPI GAVI Westpoint Distribution Center, LLC 801 Grand Avenue, Des Moines, Iowa 50392 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Principal Real Estate Investors, LLC 801 Grand Avenue, Des Moines, Iowa 50392 8. 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.) See attached signature page Signature of an authorized person (In accordance with section 605.0203, 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.) Typed or printed name of signee

PRINCIPAL REAL ESTATE INVESTORS, LLC, a Delaware limited liability company, its authorized signatory

By:

Name:

Name DENNIS D. BALLARD, Counsel

By:

Name: Title:

ALAN P. KRESS, Counsel

2014 FEB -5 AM 9: 15

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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                                   | of the Limited Liability  | Company is:                                    |                     |
|--|---------------------------|--|---------------------|
| PREPI GAVI W                                     | ESTPOINT DISTRIBUT        | ION CENTER, LLC                                |                     |
| If unavailable,                                  | the alternate to be used  | d in the state of Florida is:                  |                     |
| 2. The name a                                    | and the Florida street ac | ddress of the registered agent and office are: | 2011                |
| Corporation Service Company                      |                           | 2014 FEB                                       |                     |
|  |                           | (Name)   | J. J.               |
|  | 1201 Hays Street          |  |                     |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |                           | —  |                     |
|  | Tallahassee               | FL 32301                                       | — <del>Granda</del> |
|  |                           | 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 605, Florida Statutes.

Corporation Service Company

Sue G. Knight

Assistant Vice President

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

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREPI GAVI WESTPOINT DISTRIBUTION CENTER, 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 FIFTH DAY OF FEBRUARY, A.D. 2014.

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 "PREPI GAVI WESTPOINT DISTRIBUTION CENTER, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2013.

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Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 1111500

DATE: 02-05-14

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