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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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FILED

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ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 160.00

ORDER DATE: February 25, 2014

ORDER TIME : 3:12 PM

ORDER NO. : 027183-005

CUSTOMER NO: 7593518

FOREIGN FILINGS

NAME: EXETER FLORIDA II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:



February 26, 2014

CSC SUSIE KNIGHT TALLAHASSEE, FL

SUBJECT: EXETER FLORIDA II, LLC

Ref. Number: W14000012493

RESUBMIT

Please give original submission date as file date.

We have received your document for EXETER FLORIDA II, LLC and the authorization to debit your account in the amount of \$. 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: 914A00004261

COVER LETTER

TO:	Registration Section Division of Corporations	•				
SUBJE						
	Na	me of Limited Liability Company				
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this ma	atter to the following:				
	Brian Fogarty, Esquire					
		Name of Person				
	Exeter Property Group					
Firm/Company						
	140 W. Germantown Pike, Suite 150					
		Address				
	Plymouth Meeting, PA 19462					
		City/State and Zip Code				
	bfogarty@exeterpg.com					
	E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, plea-	se call:				
	Tiffany Markoski	at (610) 263-0125				
	Name of Person	Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclo	sed is a check for the following amou \$125.00 Filing Fee \$130.00 Filin Certificate of	g Fee & □\$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Exeter Florida II, 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) 140 W. Germantown Pike, Suite 150 Plymouth Meeting, PA 19462 (Street Address of Principal Office) 6, 140 W. Germantown Pike, Suite 150 Plymouth Meeting, PA 19462 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Exeter Operating Partnership II, L.P., Sole member 140 W. Germantown Pike, Suite 150 Plymouth Meeting, PA 19462 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.) 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

see attached signature page

SIGNATURE PAGE TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN FLORIDA

EXETER FLORIDA II, LLC

SOLE MEMBER:

EXETER OPERATING PARTNERSHIP II, L.P., a Delaware limited partnership,

By: Exeter Operating Partnership II GP LLC,

a Delaware limited liability company,

its sole general partner

By: Exeter Industrial REIT II,

a Maryland statutory trust?

its sole member

Name: Timothy J. Weber

Title: Secretary/Treasurer

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 the Limited Liability	Company is:			
Exeter Florida II, LLC					
If unavailable	e, the alternate to be used	l in the state of Flor	rida is:		
2. The name	and the Florida street ad	dress of the registe	ered agent and office are:		
	Corporation Service Co	ompany			
		(Name)			
	1201 Hays Street				
	Florida Str	eet Address (P.O. Box	(NOT ACCEPTABLE)		
	Tallahassee	FL	32301		
		City/State/	/Zip	·	
liability comp registered age statutes relati	any at the place designate ent and agree to act in thi ng to the proper and com	ted in this certificate is capacity. I furthe aplete performance is registered agent o	vice of process for the above, I hereby accept the appo er agree to comply with the of my duties, and I am fami as provided for in Chapter Eye G. K Assistant Vice	intment as provisions of all iliar with and 605, Florida	

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "EXETER FLORIDA II, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXETER FLORIDA II, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2013.

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

5432753 8300

140180681

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1135898

DATE: 02-14-14

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