# 11/5000015/8

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TO ACKNOWLI

DEPARTMENT OF A STATE OF THE ST

2015 FEB 25 AM 10: 38

FEB 26 2015 ). BKUCE CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 513664 7584242

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: February 24, 2015

ORDER TIME : 2:51 PM

ORDER NO. : 513664-010

CUSTOMER NO: 7584242

#### FOREIGN FILINGS

NAME: DCT BRAWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

-	n of Corporations					
SUBJECT:	CT Brawn	er LLC				
		Name of Limite	ed Liability Company			
				to Transact Business in Flori jability company to transact b		
Please return all	correspondence concer	ning this matter to the	following:			
	Marilyn Ca	artwright				
		N	ame of Person			
	DCT Indus	strial Trust	t Inc.			
		F	irm/Company		<del></del>	
	518 17th S	Street, Sui	te 800			
			Address		_	
	Denver, C	olorado 80	0202			
		-	tate and Zip Code		_	
		_	ustrial.com			
	E-	mail address: (to be used	d for future annual report	notification)		
For further inform	nation concerning this	matter, please call:				
Mai	rilyn Cartw	right	<sub>at</sub> 303 5	597-2400		
	Name of Cont	act Person	Area Code	Daytime Telephone Number		
Divisior Registra P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 ssee, FL 32314	Divisio Registri Clifton 2661 E:	or ADDRESS:  n of Corporations ation Section Building Executive Center Circle Ssee, FL 32301	HACCMEMBADLE	2015 FEB 25 1	
		ring amount: 30.00 Filing Fee & ertificate of Status	☐ \$155.00 Filing Fe Certified Copy	e & \$160.00 Filing Exe of Status & Certifi	Sertificate	U

## 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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LUC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate national indicates the company," "L.L.C," or "LL.C.")	ne must include "Limited
Delaware 3. Applied for.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applical company is organized)	ole)
L. Upon filing	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
518 17th Street, Suite 800	
Denver, Colorado 80202	
(Street Address of Principal Office)	
c/o Marilyn Cartwright, DCT Industrial Trust Inc.	
518 17th Street, Suite 800, Denver, Colorado 80202	
7. The name, title or capacity and address of the person(s) who has/have authority to ma DCT Industrial Operating Partnership LP (Sole Member) 518 17th Street, Suite 800	nagers/are: FEB 25
Denver, Colorado 80202	FFS 5
. Attached is an original certificate of existence, no more than 90 days old, duly authentiaving custody of records in the jurisdiction under the law of which it is organized. (A phaceptable. If the certificate is in a foreign language, a translation of the certificate under court be submitted)	otocopy is not
1 Marila de Tronger	_
Signature of an authorized person	

Marilyn Cartwright (See Ex. A attached)

Typed or printed name of signee

### **EXHIBIT A** TO STATE OF FLORIDA APPLICATION BY FOREIGN LIMITED LIABLITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FOR **DCT BRAWNER LLC**

DCT Brawner LLC, a Delaware limited liability company

DCT Industrial Operating Partnership LP, By:

a Delaware limited partnership,

its Sole Member

By: DCT Industrial Trust Inc.,

a Maryland corporation, its General Partner

Name: Marilyn Cartwright // Title: Assistant Secretary

## 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.

If unavailable	, the alternate to be used in	n the ctate of Florida is:	
n unavanable	, the alternate to be used in	if the state of Florida is.	
2. The name	and the Florida street addr	ress of the registered agent and office are:	2015 F
	Corporation Service Con	прапу	CARANA CARETY
		(Name)	25 ASSE
	1201 Hays Street		FF.S
	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	AM IO: 36 OF STATE FRUORIDI
	Tallahassee	32301 FL	
		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.

Emily Gray

Corporation Service Company

By:

(Signature)

Company

Asst. 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)