M15000001955

| (Red | questor's Name) | | | |
|-----------------------------------------|-------------------|-----------|--|--|
| (Add | dress) | | | |
| (Add | dress) | <u> </u> | | |
| (City | //State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600265731906

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 548644 7143029

AUTHORIZATION

COST LIMIT : (\$\125.00

ORDER DATE: March 16, 2015

ORDER TIME : 9:12 AM

ORDER NO. : 548644-005

CUSTOMER NO: 7143029

FOREIGN FILINGS

NAME: PROLOGIS-EXCHANGE PEMBROKE

ROAD AND 30TH AVENUE LLC

 \underline{XXXX} QUALIFICATION (TYPE: \underline{LL})

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

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:

| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| (If name unavoilable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate n Liability Company," "L.L.C," or "LLC.") | ame must include "Limited |
| _{2.} Delaware 3 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, If applic company is organized) | able) |
| 4. Upon Filing | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| _{5.} 4545 Airport Way | |
| Denver, Colorado 80239 | |
| (Street Address of Principal Office) | |
| _{6.} 4545 Airport Way | |
| Denver, Colorado 80239 | |
| (Mailing Address) | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to m | |
| CDECRE, LLC, the sole member | 5 H _A R |
| 135 South LaSalle Street, Suite 1940 | R |
| Chicago, IL 60603 | Te in |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authen | nticated by the official |
| naving custody of records in the jurisdiction under the law of which it is organized. (A p | photogopy:is not |
| acceptable. If the certificate is in a foreign language, a translation of the certificate unde | r oath of the translator |
| must be submitted) | |
| Mar SA | |
| 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 | y that the facts stated herein are true, led for in \$.817.155, F.S.) |

Miriam Golden, Senior Vice President of CDECRE, LLC

Typed or printed name of signee

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 Compa | any is: | | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| Prologis-Exch | nange Pembroke Road and Avenue | e LLC | | | |
| lf unavailable | e, the alternate to be used in the | state of Florida is: | • | | |
| 2. The name | and the Florida street address of | of the registered agent and office are: | | | |
| | Corporation Service Company | , | | | |
| (Name) | | | | | |
| | 1201 Hays Street | | 5 5 | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | |
| | Tallahassee | 32301 FL | 5 | | |
| | | City/State/Zip | | | |
| liability comp registered ag statutes relati | pany at the place designated in the ent and agree to act in this capa ing to the proper and complete p | o accept service of process for the above his certificate, I hereby accept the appoin city. I further agree to comply with the p verformance of my duties, and I am famili tered agent as provided for in Chapter 60 | stated limited tment as rovisions of all ar with and | | |
| | Corporation Service Company By: (Signa | Asst. Vi | ney Williams Ice President | | |
| | \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00 | Filing Fee for Application Designation of Registered Agent Certified Copy (optional) 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 "PROLOGIS-EXCHANGE PEMBROKE ROAD AND

30TH AVENUE 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 SIXTEENTH DAY

OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"PROLOGIS-EXCHANGE PEMBROKE ROAD AND 30TH AVENUE LLC" WAS FORMED

ON THE TWELFTH DAY OF MARCH, A.D. 2015.

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

15 MAR 16 AM 8: 34

5708817 8300

150357969

Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 2200119

DATE: 03-16-15

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