

| (Requestor's Name)                      |      |
|---|------|
|   |      |
| (Address)                               |      |
|   |      |
| (Address)                               |      |
|   |      |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
|   |      |
| (Business Entity Name)                  |      |
|   |      |
| (Document Number)                       |      |
|   |      |
| Certified Copies Certificates of Status |      |
|   |      |
| Special Instructions to Filing Officer: |      |
| , ,                                     |      |
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DESCRIPTION OF SIGN

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S. YOUNG

## SUNSHINE CORPORATE & FILING SERVICES, INC.

## 3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724

TOLL FREE: 844-541-6792

### COVER LETTER

| WALK IN         |                        |            |
|-----------------|------------------------|------------|
| ENTITY NAME:_   | GPT Transport Land Our | er, LLC    |
| CK #            | 1665                   |            |
| AMOUNT:         | 310 (2 filings)        |            |
| PLEASE FILE THE | E ATTACHED AND RETURN: | i in       |
| _ PLAIN COP     | Ý                      | APR 28 All |
|                 | CODV                   | 5 5        |

PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |               |
|--|---------------|
| SUBJECT: GPT Transport Land Owner LLC  |               |
| Name of Limited Liability Company  | -             |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact bus   |               |
| Please return all correspondence concerning this matter to the following:  |               |
| Jennifer Parks   |               |
| Name of Person   |               |
| TRIAD Professional Services, LLC   |               |
| Firm/Company   | •             |
| 1720 Windward Concourse, Ste 390   |               |
| Address  |               |
| Alpharetta, GA 30005   | . مد          |
| City/State and Zip Code  | ្រា           |
| jbaden@triadpros.com   | : 35 7        |
| E-mail address: (to be used for future annual report notification)   | 28            |
| For further information concerning this matter, please call:   | 28 14         |
| Jennifer Parks   | ं इ           |
| Jennifer Parks   at (770 ) 777-2091     Name of Contact 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 Registration Section Editor Building Section Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327  Clifton Building |               |
| Tallahassee, FL 32301  |               |
| Enclosed is a check for the following amount:  | Nortificant - |
| ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy of Status & Certified  |               |

## 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. GPT Transport Land Owner 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. The alternate name must include Liability Company," "L.L.C," or "LLC.")   | "Limite                       | ed        |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)   |                               |           |
| company is organized) (FEI number, II applicable)  |                               |           |
| 4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |                               |           |
| 5. 521 5TH AVENUE, 30TH FLOOR, NEW YORK, NY 10175  |                               |           |
| (Street Address of Principal Office)   |                               |           |
| 6. 550 BLAIR MILL ROAD, HORSHAM, PA 19044 .  | •                             |           |
| ·;   | -CH                           |           |
| (Mailing Address)  |                               | ]         |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   | 28                            | 1.7       |
| GPT Property Trust LP, Member  |                               | Ċ         |
| 521 5TH AVENUE, 30TH FLOOR, NEW YORK, NY 10175   |                               |           |
|  |                               |           |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is n acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the oath of the certificate under oath oath oath oath oath oath oath oath | ot                            |           |
| 2 Mints  |                               |           |
| 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 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, I  | herein a<br><sup>7</sup> .S.) | are true. |
| EDWARD J. MATEY JR., Authorized Person   |                               |           |

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.

| GPT Transport Land Owner LLC |  |   |   |  |  |
|------------------------------|--|---|---|--|--|
| it unavailab                 | ole, the alternate to be used in the                                     | e state of Florida is:  |   |  |  |
| . The nam                    | e and the Florida street address   | of the registered agent and office are:   |   |  |  |
|                              | NRAI Services, Inc.  |   |   |  |  |
|                              |  | (Name)  | -   |  |  |
|                              | 1200 South Pine Island Road  |   |   |  |  |
|                              | Florida Street Address (P.O. Box NOT ACCEPTABLE)                         |   | -<br>?<br>?   |  |  |
|                              | Disease  | 22204   | <br>K   |  |  |
|                              | Plantation   | FL 33324<br>City/State/Zip  | - · · · · · · · · · · · · · · ·   |  |  |
|                              |  | Спулация  | · · · · · · · · · · · · · · · · · · ·   |  |  |
|                              |  | ,   | _ <del>_</del> |  |  |
| ability com                  | npany at the place designated in t<br>gent and agree to act in this capa | to accept service of process for the above s<br>this certificate, I hereby accept the appoint<br>acity. I further agree to comply with the pr | ment as   |  |  |
| tatutes rela                 | bligations of my position as regis  NRAI Services, Inc.  By:             | performance of my duties, and I am familia<br>stered agent as provided for in Chapter 60:   | r with and  |  |  |
| tatutes rela<br>ccept the ol | NRAI Services, Inc.  By:  (Signs   | stered agent as provided for in Chapter 60:   | r with and  |  |  |
| ccept the ol                 | bligations of my position as regis  NRAI Services, Inc.  By:             | riling Fee for Application  | ir with and   |  |  |

\$ 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 "GPT TRANSPORT LAND OWNER 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 TWENTY-EIGHTH DAY OF APRIL, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GPT TRANSPORT LAND OWNER LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL,

A.D. 2015.

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

5 AFR 28 /# 10:11

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Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2329182

DATE: 04-28-15

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