# WINDOWD3308

(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					





100283505271

SUPPRICIENCY OF FILING

MAR 2 1 2016

R MASON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 062531 4329383

AUTHORIZATION

\$ 130.00 COST LIMIT :

ORDER DATE: March 15, 2016

ORDER TIME : 9:16 AM

ORDER NO. : 062531-010

CUSTOMER NO: 4329383

#### FOREIGN FILINGS

NAME: LIT LD JAX 26 LLC

XXXX QUALIFICATION (TYPE: 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:

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI						
	Name of Limited Liability Company					
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Piease	return all correspondence concerning this matter to the following:					
	Theresa Buscher					
	Name of Person					
	Clarion Partners					
	Firm/Company					
	1717 McKinney Avenue, Suite 1900					
	Address					
	Dallas, TX 75202					
	City/State and Zip Code					
	theresa.buscher@clarionpartners.com					
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:					
	Cathy Corcoran 214 220-7846					
	Name of Contact Person at ()  Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclos	ed is a check for the following amount:  \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee}  \Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee}  \Bigsim \frac{1}{2} \\$155.00 \text{ Filing Fee}  \Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certificate} \text{ of Status  Certified Copy}\$					

### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIT LD JAX 26 LLC	•		
(Name of Fore	ign Limited Liability Company; must include "Limited	Liability Company," "L.L.C	.," or "LLC.")
(If hame unavailable, enter al	ternate name adopted for the purpose of transacting bus	iness in Florida. The alterna	te name must include "Limited
Liability Company," "L.L.C,"	" or "LLC.")	mics in Fortua. The atestia	to hane must hereas Difficult
2. Delaware	3. N/A		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appli	cable)
4. Upon qualification			·
	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to deter	or to registration.) mine penalty liability)	
5. <u>c/o Clarion Partners, 1</u>	717 McKinney Ave., Suite 1900, Dallas, TX 7520	02	
			- <u>r.a</u>
	(Street Address of Principal Office)		
6. c/o Clarion Partners, 17	717 McKinney Ave., Suite 1900, Dallas, TX 7520	2	Company of the compan
			550
	(Mailing Address)		
M 37	· · · ·		
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acc	ceptable)	유국 <sup>양</sup>
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(City)	(Zip coo	ie)
Registered agent's accep  Having been named as re	vance: gistered agent and to accept service of process fo	or the above stated limited	d liability company at the place
designated in this applica	tion, I hereby accept the appointment as registere	ed agent and agree to act	t in this capacity. I further agree
to complywith the provisions of	ons of all statutes relative to the proper and comp	olete performance of my	duties, and I am familiar with ar
uccept the obligations of t	my position as registered agent. Corporation Service Company	Cor	urtney Williams
	By:	Acs	urtney Williams L Vice President
	(Registered agent's signat	ure)	
8. The name, title or capa	acity and address of the person(s) who has/have au	thority to manage is/are:	
LIT Industrial Limited Pa	rtnership, its sole member		
1717 McKinney Ave., Su	ite 1900, Dallas, TX 75202		
	,		<del></del>
		<u></u>	<del></del>
9. Attached is a certificate	of existence, no more than 90 days old, duly author	enticated by the official h	aving custody of records in the
	of which it is organized. (If the certificate is in a fo		
of the translator must be s	ubmitted)		
	Signature of an authorized p		_
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Flore the Department of State constitutes a third degree	ida Statutes. I am aware the felony as provided for in	at any false information s.817.155, F.S.
	SEE ATTACHED SIGNATUR	E	
	Typed or printed name of sign	nee	

### LIT INDUSTRIAL LIMITED PARTNERSHIP, a Delaware limited partnership

By: LIT Holdings GP, LLC, a Delaware limited liability company, its general partner

By: Lion Industrial Properties, L.P., a Delaware limited partnership, its sole member

By: LIT GP Sub, LLC, a Delaware limited liability company, its general partner

By: Lion Industrial Trust, a Maryland real estate investment trust, its sole member and manager

Name: Starey Magee
Title: Vice President

A 18 A 8: 07

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LIT LD JAX 26 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 FIFTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIT LD JAX 26"
LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5882434 8300

Authentication: 201987368

Date: 03-15-16

SR# 20161669180

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