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DEPARTMENT OF STAT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 561280 7143029

AUTHORIZATION : Contact the second of the se

NAME: PROLOGIS-EXCHANGE 3201 NW 110TH STREET LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Melissa Zender EXT# 62956	
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:

	ONESS IN THE STATE OF FLORIDA 11 NW 110th Street LLC			
(Name of Fore	eign Limited Liability Company; mus	st include "Limited Liab	oility Company," "L.U.C.," or	LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	Itemate name adopted for the purpose " or "LLC.")	e of transacting business	s in Florida. The alternate nam	e must include "Limited
2. Delaware		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4. Upon Filing				
	(Date first transacted busine (See sections 605,0904 & 605.	ss in Florida, if prior to .0905, F.S. to determine	registration.) penaltý liability)	
5. 4545 Airport Way, De				
	(Street Address of I	Principal Office)		
6. 4545 Airport Way, Der	nver, Colorado 80239			P
				17 MAR 20
	(Mailing A	Address)		= = = = = = = = = = = = = = = = = = = =
7. Name and street address	ss of Florida registered agent: (P.	O. Box NOT accepts	able)	. 20
Name:	Corporation Service Company		-	罡
Office Address:	1201 Hays Street		-	. و
	Tallahassee		, Florida 32301 (Zip code)	9
	(City)		(Zip code)	·
designated in this applica to complywith the provisi	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. Corporation Service Compan.	tment as registered ag proper and complete	gent and agree to act in thi	s capacity. I further agree , and I am familiar with an
8. The name, title or caps	acity and address of the person(s)		ity to manage is/are:	
	are limited liability company, its			
135 South LaSalle Street,	Suite 1940			
Chicago, IL 60603				
9. Attached is a certificate jurisdiction under the law of the translator must be so	(ASU	ertificate is in a forcing	n language, a translation of	custody of records in the the certificate under oath
		of an authorized person		
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu)203 (1) (b), Florida S ites a third degree felc	Statutes. I am aware that any ony as provided for in s.817.	false information .155, F.S.

Miriam Golden, Senior Vice President of CDECRE, LLC, the sole member

Typed or printed name of signee

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "PROLOGIS-EXCHANGE 3201 NW 110TH STREET

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 TWENTIETH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLOGIS-EXCHANGE 3201 NW 110TH STREET LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2017.

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

R 20 My 9: 10

Authentication: 202228355

Date: 03-20-17

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