# M18000004175

(Pa)	questor's Name)	
(IVE)	questors Name)	
	<del></del>	
(Ade	dress)	
(Ade	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(0	siness Entity Name)	
(Du:	siness Entity Name)	
	<u> </u>	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Eiling Officer	
Special instructions to i	rilling Officer.	
		İ
L		





700312614917



PECONE LARGE DISCONSIDER STATE OF STATE



### CT Corp.

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 05/01/2018

	Acc#I20160000072
Name:	IDIL Davie C, LLC (DE)
Document #:	
Order #:	10948464
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ 155.00

#### **COVER LETTER**

Div	ision of Corporation	S				
eun iv <i>e</i> t.	IDIL Davie C, LLC					
SUBJECT:		Name of L	imited Liability C	ompany		
The enclosed Existence, as	d "Application by Fore and check are submitted	eign Limited Liability Compa I to register the above referen	any for Authorizat aced foreign limite	ion to Trar ed liability	nsact Business in Florida," Certific company to transact business in Fl	ate of orida.
Please return	all correspondence co	oncerning this matter to the f	ollowing:			
	Jan R. Ezell, Co	rporate Paralegal				
		Na	me of Person		<del> </del>	
	Alston & Bird l	.LP				
Firm/Company						
	1201 West Peac	thtree Street				
			Address	<del></del>		
	Atlanta, GA 30	309-3424				
		City/St	ate and Zip Code			
	sal.hernandez@io	=				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further i	information concernin	g this matter, please call:				
Jai	n R. Ezell		404 at (	881-744	12	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Di <sup>.</sup> Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filit Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	e

TO: Registration Section

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

If name unavailable, enter alternate n	aine adopted for the purpose of transacting business in Flo	orida The al	emate name must include "Limited Liabi	hty Company," "L. L. C," or "L	
Delaware	hich foreign limited liability company is organized)	3.	(FEI numbe	r, if applicable)	-
(Juristiction takter the law of w.	men foreign timited habinity vompany is organized)		<b>,</b>		
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	) lability)		
5 1100 Peachtree Street	NE, Suite 1000		1100 Peachtree Street NE, S	Suite 1000	_
(Street Address of Principal Office) Atlanta, GA 30309			(Mailing Addre Atlanta, GA 30309	·ss)	
				<b>™</b> : 23	<del></del>
	ss of Florida registered agent: (P.O. Bo:  C T Corporation System	x <u>NOT</u> a	ecceptable)	B HAY -1	
Name:			<del></del>		m
Office Address:	1200 South Pine Island Road	<u> </u>		F (·	
	Plantation (City)		Florida 33324 (Zip code		
8. The name, title or cap	acity and address of the person(s) who h	ias/have	Jin Song Assistant authority to manage is/are:		
Title or Capacity:	Name and Address:	_	itle or Capacity:	Name and Addres	<u>s:</u>
Manager	IDI Logistics Operating Part 1100 Peachtree Street NE, S Atlanta, GA 30309				
		_			
(Use attachments if nece	ssary)				
9. Attached is a certificat jurisdiction under the law of the translator must be	e of existence, no more than 90 days old to be something of which it is organized. (If the certific submitted)	l, duly au ate is in	thenticated by the official ha a foreign language, a translat	ving custody of recor ion of the certificate (	ds in the inder oath
10. This document is exe submitted in a document	cuted in accordance with section 605.02 to the Department of State constitutes a	03 (1) (b third deg	), Florida Statutes. I am awar ree felony as provided for in	e that any false inforn s.817.155, F.S.	nation
	Signati	ne of an aud	notized person		
	David Laibstain, Secretary of IDI Log	gistics O	perating Partnership, L.P., its	s Manager	
			ame of signee		

Page 1



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

DELAWARE, DO HEREBY CERTIFY "IDIL DAVIE C, 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 THIRTIETH DAY OF APRIL, A.D. 2018.

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

Authentication: 202608277

Date: 04-30-18