MECCOSTYS	Ì
-----------	---

(Requestor's Name)				
(Ad	dress)			
(	01000)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
Υ.	, ,	,		
		MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
	<b>.</b>			

500291815215

Office Use Only



# CT Corp.

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

**Date:** 6/19/2018

a 1 a 5

Acc#120160000072 SAN

Name:	IDIL Rock Lake D, LLC	
Document #:		
Order #:	11023496	

Certified Copy of Arts		
& Amend:		÷ ب
Plain Copy:		
Certificate of Good Standing:		
		>
Apostille/Notarial	Country of Destination:	~?
Certification:	Number of Certs:	

Filing:	Certified: Plain:	
	COGS:	



### COVER LETTER

#### TO: Registration Section Division of Corporations

IDIL Rock Lake D, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person	
Alston & Bird LLP	53 13
Firm/Company	یز بر در
201 West Peachtree Street	>
Address	
tlanta, GA 30309-3424	~
City/State and Zip Code	
I.hernandez@idilogistics.com	
E-mail address: (to be used for future annual report notification)	)

For further information concerning this matter, please call:

Jan R. Ezell		404 at ( )	881-7442
Name	of Contact Person	Area Code	Daytime Telephone Number
	P.O. Box 6327		TREET ADDRESS: ivision of Corporations egistration Section lifton Building 561 Executive Center Circle allahassee, FL 32301
Enclosed is a check for the follov	ving amount: □ \$130.00 Filing Fee & Certificate of Status	\$ \$155.00 Filing I Certified Copy	Fee & S160.00 Filing Fee, Certificate

## 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 IDIL Rock Lake D. LLC

	une adopted for the purpose of transacting business in Flo	1103 THE BACI			
Delaware (Jurisdiction under the law of wh	ich foreign limited liability company is organized)	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to	registration.)			
	(See sections 605,0904 & 605 0903, F.S. to determ	ine penalty par		000	
1100 Peachtree Street NE, Suite 1000 (Street Address of Principal Office)			100 Peachtree Street NE, Suite 1 (Meiling Address)	000	
Atlanta, GA 30309	incipal officey	A	tlanta, GA 30309		
		_		19 m ( )	
		_			
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> ac	ceptable)	1	
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road			>	
	Plantation		, Florida <u>33324</u>	ç	
	(City)		(Zip code)	<b>د</b> ۲	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Nathan Giffin, Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity:

Name and Address:

(Con attached)		
(See attached)	 	

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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, F.S. de.

 $\sim$					
Sign	ature	of an	autho	nized	persor

David Laibstain, Secretary of IDI Logistics Operating Partnership, L.P., its Manager

Typed or printed name of signee

Title or Capacity:	Name and Address:
Manager	IDI Logistics Operating Partnership, L.P. 1100 Peachtree Street NE, Suite 1000 Atlanta, GA 30309
Authorized Person	Bryan Blasingame 1100 Peachtree Street NE, Suite 1000 Atlanta, GA 30309
Authorized Person	Gwen Erhardt 1100 Peachtree Street NE, Suite 1000 Atlanta, GA 30309
Authorized Person	Gary Minor 1100 Peachtree Street NE, Suite 1000 Atlanta, GA 30309
Authorized Person	Robert Stephens 740 Centre View Boulevard, Floor 3 Crestview Hills, KY 41017
Authorized Person	Doug Armbruster 740 Centre View Boulevard, Floor 3 Crestview Hills, KY 41017

V of the start · į • 4 I A ŝ .\_! د` انا

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDIL ROCK LAKE D, 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 EIGHTEENTH DAY OF JUNE, A.D. 2018.

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

-... 4 (.<u>.</u> <u>.</u> )> ς, ে। গ

Page 1



effrey W. Bulleck, Secretary of Sta

Authentication: 202904620

Date: 06-18-18

6933649 8300 SR# 20185213673

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