Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002823613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

Foreign Limited Liability Company FR LYONS ROAD, LLC

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECT COMPANY TOTRANSACT BUS	TION 605.0902, FLORIDA STATUTES, THE FOL SINESS INTHE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTE	R A FOREIGN LIMITED LIABILITY	
1. FR Lyons Road, LL C (Name of Foreign I	Limited Lability Company; must include "Limited"	Liability Company, "T.L.C.," or "LLC")	· · · · · · · · · · · · · · · · · · ·	
(If name unavailagle, enter a teracie no	are adopted for the purpose of transacting liusiness in Alorid	2. The alternate name must include "Limited Lish	Hy Corpsey,""(LLC," or "(LC")	
- Delaware		4 Applied For		
(Auns diction under the law of wh	ich foreign limited list tity company is organized)	FE tumbe	r, il applicable;	
4 Upon Qualification				
	(Date it a transacted business in Hor do, if prior to to (See sections 605,0904 & 605,0905, F.S. to determine	gsretow.)	4	
5 One North Wacker Drive, Suite 4200		6. One North Wacker Drive, 5	Suite 4200	
(Siren Address of Principal Office)		Chicago, H. 60606		
Chicago, IL 60606			12 / 1	
			900	
a a a a a a daman	3 of Florida registered agent: (P.O. Box	NOT acceptable)	新皇 主	
7. Name and <u>street addres</u>		<u></u> ,		
Name:	CT Corporation System		95.5	
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324		
	(diy)	(Zip col	e)	
and accept the obligation	inon, I hereby accept the uppermitted as ions of all statutes relative to the proper is of my position as registered agent. By: CT Corporation System (Regared agent) a	Hegen been	Stephanie Boehm	
8. The rame, title or cap Title or Capacity:	acity and address of the person(s) who ha	s/have authority to manage is/are: Title or Capucity:	Name and Address:	
Sole Member	First Industrial, L.P.			
	One North Wacker Dr., #4200 Chicago, IL 60606	<u>)</u> -		
		_		
		-		
(Use attachments if nece				
 Attached is a certificat jurisdiction under the law of the translator must be 	e of existence, no more than 90 days old, r of which it is organized. (If the certificat submitted)	duly authenticated by the official he is in a foreign language, a transla	aving custody of records in the tion of the certificate under eath	
10. This document is execubmitted in a document	cuted in accordance with section 605.020; to the Department of State constitutes a rh	3 (1) (b), Florida Statutes. I am awa ird dearce felony as provided for in	re that any false information s.817.155, F.S.	
	S gradure	gran authorized person		
	Rondi C. Needler, Authorized Represe	entative		
	17, 200 0	r pricted raine of signee		

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FR LYONS ROAD, 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-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

FILED

18 SEP 27 MM 1: 40

SLOWERSSEE FLORIDA

FALLYNDESSEE FLORIDA

7072418 8300 SR# 20186871937

Authentication: 203506459

Date: 09-27-18

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