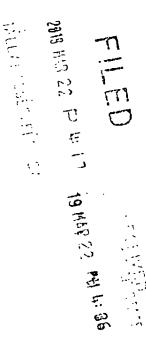
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(R	Requestor's Name)			
(A	address)			
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(C	city/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(B	Business Entity Nan	ne)		
(C	Ocument Number)	<u>. </u>		
Certified Copies	Certificates	Certificates of Status		
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DUKE REALTY TURNPIKE CROSSING 3 LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE Q HOOLGE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Name of	Limited Liability	Company	
			ation to Transact Business in Florida ited liability company to transact bu	
Please return all correspon	dence concerning this matter to the	following:		
Mrs. Ro	sic Niebolt			
	N	ame of Person		_
Parked (OS LLC			
	ŀ	irm/Company		
1420 Ro	ocky Ridge Dr Ste 380		24 T	<u> </u>
_		Address		
Rosevill	e CA 95661			TILED TILED
	City/S	State and Zip Code	· ·	
api-lle@s	tewart.com			<u> </u>
	E-mail address; (to be use	d for future annua	l report notification)	
For further information cor	ncerning this matter, please call:			
Rosie Niebolt		916 at (791-5991 ext 3521	
:	Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	k for the following amount: k payable to: FLORIDA DEPAR'	EMENT OF STA	TE	
☐ \$125.00 Filin	_	s = \$155.00	_	g Fee, Certificat ertified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Company," "L.I	l.C.," or "LLC.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must in	achide "Emited Liability Compa	any," "L.L.C."	or "L.L.C.")
Delaware 2.		3.	(FEI number, if applic		
(Jurisdiction under the law of w	high foreign limited liability company is organized)	·	(FEI number, if applic	able)	
4	(Date first transacted business in Florida, if prior to (See sections 605,1904 & 605,0905, F.S. to determ	registration.)		<i>چ</i> ې	
1420 Rocky Ridge Dr	Ste 380		Ridge Dr Ste 380	2319 1410	-77
1Street Address of I	Principal Offices	b	(Mailing Address)	ان ده	=======================================
Roseville CA 95661		Roseville CA	95661	T	
				. 5	
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)			
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation	, Florid	33324		

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Duke Realty Limited Partnership Name: Manager Manager Manager Name: _____ 600 E. 96th Street Member Address: Member Address: Indianapolis IN 46240 Authorized Authorized Person Person Other____ Other___ Other____ Other ■ Manager Manager Name: Member Address: _____ Member Address: Authorized Authorized Person Person Other Other___ Other_ Other_ Manager Name: _____ Manager Manager Name: _____ Member Address: Member Address: ____ ■Authorized Authorized Person Person Other Other____ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person Diane Fox

Esped or printed name of signee

Page 1

Delaware The First State

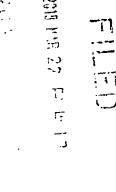
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DUKE REALTY TURNPIKE CROSSING 3 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. 2019.





Authentication: 202485705

Date: 03-20-19