

M19000000 3689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

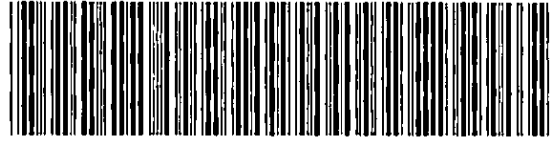
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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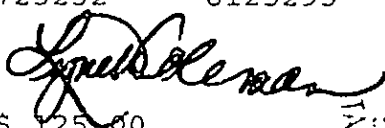
4/12/19 QS

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

ACCOUNT NO. : I20000000195

REFERENCE : 723232 8125295

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : April 11, 2019

ORDER TIME : 12:58 PM

ORDER NO. : 723232-010

CUSTOMER NO: 8125295

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2019 APR 11 P 5:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: HELIX FLORIDA 2 LOGISTICS
ASSET LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helix Florida 2 Logistics Asset LLC
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:

Sara Qucen
Name of Person
Mapletree US Management LLC
Firm/Company
1065 6th Avenue, 5 Bryant Park, 28th Floor
Address
New York, NY 10018
City/State and Zip Code
sara.qucen@mapletree.com.sg
E-mail address: (to be used for future annual report notification)

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2019 APR 11 P 5:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sara Qucen at (646) 908 6300
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Helix Florida 2 Logistics Asset LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1065 6th Avenue (Street Address of Principal Office)
5 Bryant Park, 28th Floor
New York, NY 10018
6. 1065 6th Avenue (Mailing Address)
5 Bryant Park, 28th Floor
New York, NY 10018

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2019 APR 11 10 51 45
SECRETARY OF STATE
ALLAHASSEE FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:
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: [Signature] Corporation Service Company
Roxanne Turner
Asst. Vice President
(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: Manager
Name and Address: Name: Michael Thomas Smith
 Address: 10 Pasir Panjang Rd #13-01
 Mapletree Business City
 Singapore 117438
 Member
 Authorized Person
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Koh Lay Keng
 Address: 10 Pasir Panjang Rd #13-01
 Mapletree Business City
 Singapore 117438
 Member
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: Wan Kwong Weng
 Address: 10 Pasir Panjang Rd #13-01
 Mapletree Business City
 Singapore 117438
 Member
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Address: _____

 Member
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Address: _____

 Member
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Address: _____

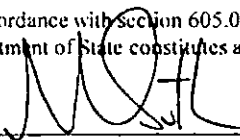
 Member
 Authorized Person
 Other _____ Other _____

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Michael Thomas Smith

 Typed or printed name of signer

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HELIX FLORIDA 2 LOGISTICS ASSET 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 ELEVENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HELIX FLORIDA 2 LOGISTICS ASSET LLC" WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2019.

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

FILED
2019 APR 11 P 5:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7266279 8300

SR# 20192758023

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

Authentication: 202625310

Date: 04-11-19

COVER LETTER

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Mapletree US Management LLC
Firm/Company

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Address

New York, NY 10018
City/State and Zip Code

sara.queen@mapletree.com.sg
E-mail address: (to be used for future annual report notification)

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Sara Queen at (646) 908 6300
Name of Contact Person Area Code Daytime Telephone Number

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