

M19000004080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

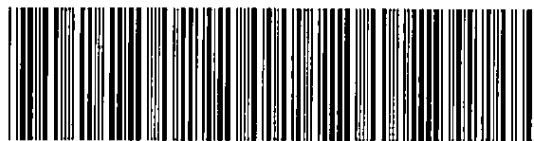
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600328399736

FILED

2013 APR 23 AM 11

FILED

FILED
2013 APR 23 PM 4:30
TALLAHASSEE, FLORIDA

19 APR 23 PM 4:30

RECEIVED

4/24/19 QS



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 04/23/2019

Name: Merritt Walker

Reference #: 1073471

Entity Name: SP NORTHPORT INDUSTRIAL I, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125

Signature: WW



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 04/23/2019

Name: Merritt Walker

Reference #: 1073471

Entity Name: SP NORTHPORT INDUSTRIAL I, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125

Signature: mm

**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. SP Northport Industrial I, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

83-4338876

3. (FEI number, if applicable)

4. 4/5/2019

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

5. 8801 River Crossing Blvd., Suite 300

(Street Address of Principal Office)

Indianapolis, IN 46240

6. 8801 River Crossing Blvd., Suite 300

(Mailing Address)

Indianapolis, IN 46240

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, FL

(City)

32301

, Florida

(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.

Charles, Assistant Secretary

(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:
☒ Manager Name: Robert J. Scannell
☐ Member Address: 8801 River Crossing Blvd.
☐ Authorized Suite 300
Person Indianapolis, IN 46240
☐ Other ☐ Other

Title or Capacity: Name and Address:
☒ Manager Name: Ralph I. Shiley
☐ Member Address: 8801 River Crossing Blvd.
☐ Authorized Suite 300
Person Indianapolis, IN 46240
☐ Other ☐ Other

☒ Manager Name: Douglas L. Snyder
☐ Member Address: 8801 River Crossing Blvd.
☐ Authorized Suite 300
Person Indianapolis, IN 45240
☐ Other ☐ Other

☒ Manager Name: Marc D. Pfleging
☐ Member Address: 8801 River Crossing Blvd.
☐ Authorized Suite 300
Person Indianapolis, IN 46240
☐ Other ☐ Other

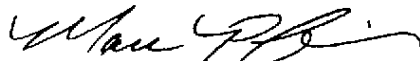
☒ Manager Name: James C. Carlino
☐ Member Address: 8801 River Crossing Blvd.
☐ Authorized Suite 300
Person Indianapolis, IN 46240
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

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

Marc D. Pfleging, Manager

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 "SP NORTHPORT INDUSTRIAL I, 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 NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SP NORTHPORT INDUSTRIAL I, LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2019.

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

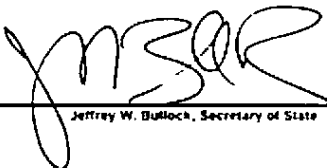
2019 APR 23 A 2:11
151000



7360969 8300

SR# 20192669585

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202604202

Date: 04-09-19