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(R	Requestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	·
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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2019 JUN 24 PH 4: 46

DIVISION OF STATE OF THE STATE

Y SCOTT JUN 25 2019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 819044

AUTHORIZATION

COST LIMIT

ORDER DATE : June 24, 2019

ORDER TIME : 1:24 PM

ORDER NO. : 819044-005

CUSTOMER NO: 4814233

FOREIGN FILINGS

NAME: SOUTH FLORIDA DISTRIBUTION

CENTER BUILDING C, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

COVER LETTER

ГО:	Registration Section Division of Corporations	
SUBJE	SOUTH FLORIDA DISTRIBUTION CENTER BUILDING C. LLC	
	Name of Limited Liability Company	
The ene Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Cee, and check are submitted to register the above referenced foreign limited liability company to transact busines	Certific ss in Fl
lease	eturn all correspondence concerning this matter to the following:	
	CoCo C. Mathis, Paralegal	
	Name of Person	
	Morris, Manning & Martin, LLP	·
	Firm/Company SST P	
	3343 Peachtree Road NE, suite 1600	
	Address RS T	
	Atlanta, Georgia 30326	
	City/State and Zip Code	
	cmathis@mmmlaw.com	
	E-mail address: (to be used for future annual report notification)	
or furt	er information concerning this matter, please call:	
	jjones@c5ip.com 404 262.5461	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
inclose	is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy □ \$125.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy	ficate

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: 1. South Florida Distribution Center Building C, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 06/04/2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Promenade, 1230 Peachtree Street, NE Suite 3560 Atlanta, GA 30309-3561 (Street Address of Principal Office) Promenade, 1230 Peachtree Street, NE Suite 3560 Atlanta, GA 30309-3561 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: _ , Florida $\frac{32301}{\text{(Zip code)}}$ Tallahassee 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 complywith 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.

Corporation Service Compa-Lydia Cohen
Asst. Vice President (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: South Florida Distribution Center, LLC, Member/Manager

Promenade. 1230 Peachtree Street, NE Suite 3560

Atlanta, GA 30309-3561

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)

Signature of an authorized person

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.

Linda Booker

Typed 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 "SOUTH FLORIDA DISTRIBUTION CENTER

BUILDING C, 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-FOURTH DAY OF

JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH FLORIDAD DISTRIBUTION CENTER BUILDING C, LLC" WAS FORMED ON THE FOURTH DAY OF JUNE, A.D. 2019.

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

SECRETARY OF STATE
ALLAHASSEF, FIGRIDA

Authentication: 203085595

Date: 06-24-19

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