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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

\*\*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 CS1031 TAMPA INDUSTRIAL MASTER LESSEE, LLC

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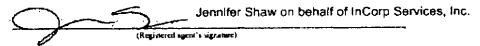
Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION (95.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REDISTREE A FOREIGN. UMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL CS1031 TAMPA INDUSTRIAL MASTER LESSEE, LLC (Nome of Foreign Limited Liability Company, must include "Limited Liability Company," "Lil. C.," or "LLC.") [If name unavailable, enter alterrate manne adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "LLC." or "LLC." Delaware (Jurisdiction under the law of which loreign limited Lability company is organized) (FEI munber, if applicable) (Date first transacted business in Plorida, if prior to registration.)
(See sections 465 0904 & 605,0905, 7.5 to determine penalty bability) 10900 Nuckols Rd, Suite 200 10900 Nuckols Rd, Suite 200 (Street Address of Prescipal Office) (Mailing Address) Glen Allen, VA 23060 Glen Allen, VA 23060 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee , Florida

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.



_	Fitte or Capacity;	Name and Address:	
:	Manager	Louis J. Rogers	
-		10900 Nuckols Rd, Suite 200	
		Glen Alten, VA 23060	
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	attachments if necessary)		
jurisd	tached is a certificate of existence liction under the law of which it is translator must be submitted)	e, no more than 90 days old, duly authenticated by the official having cust is organized. (If the certificate is in a foreign language, a translation of the	ody of records in the certificate under eath
10. T subm	his document is executed in acco	ordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any ment of State constitutes a third degree felony as provided for in s.817.15	false information 5, F.S.
	•	Separation of all analysis of person	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CS1031 TAMPA INDUSTRIAL MASTER LESSEE,

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-EIGHTH DAY OF OCTOBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CS1031 TAMPA INDUSTRIAL MASTER LESSEE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2019.

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

7675143 8300 SR# 20197760830

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

James of Basel, Secretary of Basel

Authentication: 203878609

Date: 10-28-19