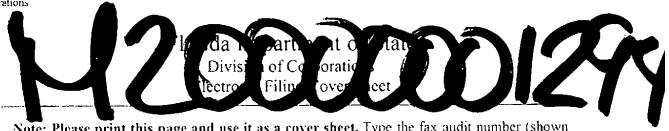
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Division of Corporations



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Electronic Filing Menu Corporate Filing Menu Help T GLASS

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

IN COMPLANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. L. Davie E, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") off name periodiable, enter afternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (t El number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0004 & 005,0005, F.S. to determine penalty liability) 6. 1100 Peachtree Street, NE, Suite 1000 1100 Peachtree Street, NE, Suite 1000 (Street Address of Principal Office) (Mailing Address) Atlanta, GA 30309 Atlanta, GA 30309 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: _ Florida 33324 (Zin code) Plantation 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. Efurther 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. Stephanie Boehm, Asst Secretary
(Regustered agent a signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: (See attached) (Use attachments if necessary) 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

| Title or Capacity: | Name and Address: |
|--------------------|--|
| Manager | IDIL Logistics Operating Partnership, L.P. |
| | 1100 Peachtree Street NE, Suite 1000 |
| | Atlanta, GA 30309 |
| Authorized Person | Bryan Blasingame |
| | 1100 Peachtree Street NE, Suite 1000 |
| | Atlanta, GA 30309 |
| Authorized Person | Gwen Erhardt |
| | 1100 Peachtree Street NE, Suite 1000 |
| | Atlanta, GA 30309 |
| Authorized Person | Gary Minor |
| | 1100 Peachtree Street NE, Suite 1000 |
| | Atlanta, GA 30309 |
| Authorized Person | Nick Faber |
| | 1100 Peachtree Street NE, Suite 1000 |
| | Atlanta, GA 30309 |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DAVIE E, 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 THIRTIETH DAY OF JANUARY, A.D. 2020.

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

Authentication: 202291696

Date: 01-30-20

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