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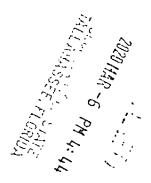
	(Requestor's Name)
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NAME: DUKE REALTY 849 BENOIST FARMS ROAD, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

CUB IECT.		noist Farms Road, LLC						
SUBJECT:	Name of Limited Liability Company							
		eign Limited Liability Company I to register the above reference						
Please return	n all correspondence c	oncerning this matter to the follo	owing:					
	Mrs. Rosie Nieb	polt						
		. Name	of Person					
	Parked OS LLC				;t }>:-	293		
		Firm/0	Company	· ·	Ţ.;	36 E		
	1420 Rocky Ric	lge Dr Ste 380			3.5Vh?	7020 HAR -6		
		Ac	idress	,	(17 - >	<u>p</u> :::		
	Roseville CA	95661				PH II II		
		•	and Zip Code		57 57	-		
	apı-llc@stewart.c		<u> </u>					
		E-mail address: (to be used for	future annual re	eport notification)			
For further in	nformation concerning	this matter, please call:						
Ros	sie Niebolt	at	916	791-5991 ext 3:				
	Name of	Contact Person	Area Code	Daytime Tel	lephone Number			
Div Reg	VILING ADDRESS: vision of Corporations gistration Section D. Box 6327		Ē F	STREET ADDR Division of Corpo Registration Secti Clifton Building	orations			
Tall	lahassee, FL 32314			2661 Executive C l'allahassee, FL 3				
	closed is a check for that ase make check payab	e following amount: le to: FLORIDA DEPARTME	NT OF STATI	E				
_	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	_	iling Fee & 🛚	\$160.00 Filing of Status & Cert			

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:

(Name of Foreign	BENOIST FARMS ROAD, LLC Limited Liability Company; must include "Limite	ed Liability Con	npany," "L.L.C.," or "LLC.")			—
					<u> </u>	
name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Liability (Company," '	'L.L.C," or	"LLC.
Delaware				 1	~	
(Investigation under the law of w	hich foreign limited liability company is organized)	3	(FE! number, if	applicable)	<u> </u>	
(Junistication and die isw of w	men rovergo maneet naturnly company is organizedy		(1 L. Manoel, 11	apparentic,	<u> </u>	
				二. 二	O KAR	
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	(Date first transacted business in Florida, if prior to (See sections 603.0904 & 603.0905, F.S. to determ	registration.)	v)	—, () , .	•	1
	too been as assess as assess, i.s. in determine				<u> </u>	
1420 Rocky Ridge Dr		142	0 Rocky Ridge Dr Ste 380			_
(Street Address of I	Principal Office)	6	0 Rocky Ridge Dr Ste 380 (Mailing Address)	FLC HDA	<u>-:</u>	
				<u> </u>	-	
Roseville CA 95661		Ros	eville CA 95661	•		
						
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accer	ntable)			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	otable)			
Name and street addre	_ ,	NOT accep	otable)			
	ss of Florida registered agent: (P.O. Box C T Corporation System	k <u>NOT</u> accej	otable)			
Name and <u>street address</u> Name:	_ ,	x <u>NOT</u> accep	otable) 			
	C T Corporation System	NOT accep	otable) 			
	_ ,	N <u>OT</u> accep	otable) 			
Name:	C T Corporation System 1200 South Pine Island Road	NOT accep				
Name:	C T Corporation System	NOT accep				
Name:	C T Corporation System 1200 South Pine Island Road	NOT accep		_		

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 pregistered agent.

(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: Title or Capacity: Name and Address: Name: Duke Realty Land, LLC ■ Manager Name: Manager 8711 River Crossing Blvd Member Address: Member Address: Indianapolis IN 46240 Authorized Authorized Person Person Other____ Other_ Other_ Manager Name: _____ Manager Name: Member Address: _____ ☐ Member Address: Authorized Authorized Person Person Other_ Other Other___ Other Manager Name: _____ Manager Name: Member Address: ____ Member Address: Authorized Authorized Person Person Other_ Other_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Monika S. Thompson





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

DELAWARE, DO HEREBY CERTIFY "DUKE REALTY 849 BENOIST FARMS ROAD,

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 FOURTH DAY OF MARCH, A.D. 2020.

DILLAHASSÉF TIGSTA

Authentication: 202518639

Date: 03-04-20