

4/7/2020

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Florida Department of State  
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## Foreign Limited Liability Company

## IDI Logistics TRS LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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# 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. IDI Logistics TRS LLC

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

2. Delaware

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

84-4397341

3. (FLL number, if applicable)

4.

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

1100 Peachtree Street NE, Suite 1000

5. (Street Address of Principal Office)

Atlanta, GA 30309

1100 Peachtree Street NE, Suite 1000

6. (Mailing Address)

Atlanta, GA 30309

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

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

C.T. Corporation System

By:

(Registered agent's signature)

Scott A. White, Asst. Secy.

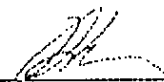
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>IDI Logistics Sub REIT 1 LLC</u>	<input type="checkbox"/> Manager	Name: <u>David Laibstain</u>
<input checked="" type="checkbox"/> Member	Address: <u>1100 Peachtree Street NE, Suite 1000</u>	<input type="checkbox"/> Member	Address: <u>1100 Peachtree Street NE, Suite 1000</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA 30309</u>	<input checked="" type="checkbox"/> Authorized	<u>Atlanta, GA 30309</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>G. Bryan Blasingame, Jr.</u>	<input type="checkbox"/> Manager	Name: <u>Robert Stephens</u>
<input type="checkbox"/> Member	Address: <u>1100 Peachtree Street NE, Suite 1000</u>	<input type="checkbox"/> Member	Address: <u>3805 Edwards Road, Suite 150</u>
<input checked="" type="checkbox"/> Authorized	<u>Atlanta, GA 30309</u>	<input checked="" type="checkbox"/> Authorized	<u>Cincinnati, OH 45209</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Nick Faber</u>	<input type="checkbox"/> Manager	Name: <u>Gwen Erhardt</u>
<input type="checkbox"/> Member	Address: <u>1100 Peachtree Street NE, Suite 1000</u>	<input type="checkbox"/> Member	Address: <u>1100 Peachtree Street NE, Suite 1000</u>
<input checked="" type="checkbox"/> Authorized	<u>Atlanta, GA 30309</u>	<input checked="" type="checkbox"/> Authorized	<u>Atlanta, GA 30309</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

David Laibstain (see attached)

\_\_\_\_\_  
 Typed or printed name of signer

IDI LOGISTICS TRS LLC

By: IDI Logistics Sub REIT I LLC, its sole Member

By: IDI Logistics, LLC, its sole Member

By: /s/ David Laibstain  
David Laibstain  
Senior Vice President and General Counsel

FILED  
2020 APR -7 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDI LOGISTICS TRS 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 SEVENTH DAY OF APRIL, A.D. 2020.

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

FILED  
2020 APR -7 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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SR# 20202642667

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202725799

Date: 04-07-20