10/7/2020

## Division of Corporations

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(((H200003498313)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Foreign Limited Liability Company USCIF COUNTY LINE INDUSTRIAL PORTFOLIO I LLC

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		COVÉR LETTER		200349831 3
	gistration Section ision of Corporations			<b>t</b> ~
un ireet.	USCIF County Line Industrial Portfolio I I	LLC		
UBJECT:	Nam	ne of Limited Liability	Company	_
he enclosed xistence, a	I "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authoriz referenced foreign lim	ation to Transact Business in Florid ited liability company to transact bu	a," Certificate siness in Flori
lease returr	all correspondence concerning this matter t	o the following.		
	Maria McHugh			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		<del></del>
	USCIF County Line Industrial Portfol	io I LLC		
		Firm/Company		_
	730 Third Avenue			
		Address		
	New York, New York 10017			
	(	City/State and Zip Cod	c	<del></del>
	maria.mchugh@nuveen.com			
	E-mail address: (to be	e used for future annua	al report notification)	_
or further i	nformation concerning this matter, please ca	11:		, J u (1)
М	iria McHugh	212 at (	9165685	<u> </u>
	Name of Contact Person	Area Code	Daytime Telephone Number	:
Div Reg P.C	ision of Corporations distration Section  Box 6327  lahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	F: 2: 2'

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of Status & Certified Copy

H20000349831 3

## 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:

USCIF County Line 1	ndustrial Portfolio I LLC Lensted Liability Company, must include "Limit			
(Name of Foreign	Lensted Liability Company, must include "Lunit	ed Liability Cor	npany," "L L C ," or "LLC ")	
ame umvailable, enter alternate ri	ame adopted for the purpose of transacting business in F.	orida. The alternat	e rame must include "Einnited Eiability Co	mpany," "L.L.C," or "LLC")
Delaware		3		
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3. <u> </u>	(FE! rumber, :f ap	picable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nine penalty habil:	ty)	•
730 Third Avenue, N	IY. NY 10017	73	0 Third Avenue, NY, NY 10	017
(Street Address of F	Tircipal Office)	6	0 Third Avenue, NY, NY 10 (Mailing Address)	
·	<del></del>			
				~3
<u>.                                    </u>	<del></del>		-	<u> </u>
Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ptable)	<u> </u>
				1
Name:	Corporation Service Company			<del></del>
Name:				<u>-</u>
Office Address.	1201 Hays Street		<del></del>	2
	Tallahassee		32301 Florida	τ,
	(C.iy)		, Florida(Z:p code)	-
signated in this applica comply with the provisi	stance: egistered agent and to accept service of stion, I hereby accept the appointment sions of all statutes relative to the prope s of my position as registered agent.  Corporation Service Company By:	as registered r and compl	agent and agree to act in thi ete performance of my duties	s capacity. I further a s, and I am familiar w
	By:	metal calc	ROBEL CO JOSEPH	apply devoted was about the statement

(Registered agent's signature)

H20000349831 3

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
Manager	Name: Maria McHugh	☐ Manager	Name:	
Member	Address: 730 Third Avenue	Member	Address:	
■Authorized	New York, New York 10017	Authorized		
Person		Person	-	
Other	Other	Other	<del></del>	Other
∐Manager	Name	☐ Manager	Name:	
□Member	Address:	Member	Address: _	
Authorized		. Authorized		
Person		Person		
Other	Other	Other		Other
☐Manager	Name	☐ Manager	Name	2020
Member	Address.	☐ Member	Address: _	
∐Authorized		Authorized		
Person		Person		<del></del>
Other	Other	Other		Other
indexed individuals  9. Attached is a cer- jurisdiction under the of the translator mu  10. This document	Use an attachment to report more than six (6 may be added to the index when filing you difficate of existence, no more than 90 days one law of which it is organized. (If the certificate of existence) is executed in accordance with section 605.0 ment to the Department of State constitutes	r Florida Department of Standard Department o	ate Annual Rep he official havi ge, a translation es. I am aware t	ort form.  ng custody of records in  n of the certificate under  that any false information

Typed or printed name of signee

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USCIF COUNTY LINE INDUSTRIAL PORTFOLIO I 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 SIXTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USCIF COUNTY LINE INDUSTRIAL PORTFOLIO I LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203807753

Date: 10-06-20