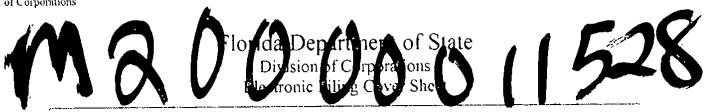
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CCRPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Phone Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Address: Foreign Limited Liability Company FSC Industrial V Manager, LLC Certificate of Status 1 Certified Copy 04 Page Count \$155.00 Estimated Charge

J. C.

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0302, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: FSC Industrial V Manager, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LI.C.") (If name maximilable, enter alternate name adopted for the purpose of mineacting husiness in Florida. The alternate name must include "Limited Lighthry Company," "LLC," or "LLC,") Delaware (FEI number, if applicable) (Jarradiction under the law of which foreign limited liability company is organized) N/A (Date find traceacted business in Flonds, if prior to registration.)
(See sections 60),0904 & 605 0905, F.S. to determine penalty liability) 1901 Main Street 1901 Main Street 6. (Mailing Address) (Street Address of Principal Office) Lake Como, NJ 07719 Lake Como, NJ 07719 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: 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. I further agree to comply with the provisions of all stututes 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 MI Shearer Angel Shearer, Asst.

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	i	Name and Address:
□Manager	Name: John Warch	⊡Manager	Name:	
☐Member	Address:	□Member	Address:	
E Authorized	Lake Como, NJ 07719	□Authorized		
Person	Vice President	Person	.,	
[]Other	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		<u></u>
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. Non-indexed individuals may be added to the index when liling 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) (h), Florida Statutes, I am aware that any false information submitted in a document to the Depuriment of State constitutes a third degree felony as provided for in s.817.155, F.S.

 <u> </u>	
Signature of an authorized person	
John Warch	
 Typed or printed name of signer	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FSC INDUSTRIAL V MANAGER, 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 TENTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204290369

Date: 12-10-20