

M21000002506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

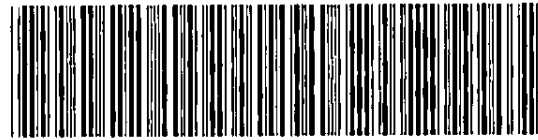
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SBF
3/5/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 690653 7143029

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : March 4, 2021

ORDER TIME : 1:22 PM

ORDER NO. : 690653-010

CUSTOMER NO: 7143029

FOREIGN FILINGS

NAME: PROLOGIS-EXCHANGE FL 2002 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROLOGIS-EXCHANGE FL 2002 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marilyn Cartwright

Name of Person

Prologis, Inc.

Firm/Company

1800 Wazee St., Suite 500

Address

Denver, CO 80202

City/State and Zip Code

mcartwright@prologis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Cartwright

303 567-5484

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. PROLOGIS-EXCHANGE FL 2002 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)

3. N/A

(FBI number, if applicable)

4. Upon filing.

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

5. 1800 Wazee St., Suite 500

(Street Address of Principal Office)

Denver, CO 80202

6. 1800 Wazee Street, Suite 500

(Mailing Address)

Denver, CO 80202

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: David E. Blum

(Registered agent's signature)

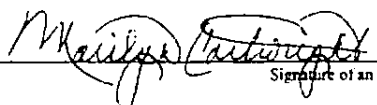
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Scott Gregory</u>	<input type="checkbox"/> Manager	Name: <u>Paris Del Rio</u>
<input type="checkbox"/> Member	Address: <u>Prologis, Inc.</u>	<input type="checkbox"/> Member	Address: <u>Prologis, Inc.</u>
<input checked="" type="checkbox"/> Authorized	<u>1800 Wazee St., Suite 500</u>	<input checked="" type="checkbox"/> Authorized	<u>1800 Wazee St., Suite 500</u>
Person	<u>Denver, CO 80202</u>	Person	<u>Denver, CO 80202</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jonathan Guffey</u>	<input type="checkbox"/> Manager	Name: <u>Jason Tenenbaum</u>
<input type="checkbox"/> Member	Address: <u>Prologis, Inc.</u>	<input type="checkbox"/> Member	Address: <u>Prologis, Inc.</u>
<input checked="" type="checkbox"/> Authorized	<u>1800 Wazee St., Suite 500</u>	<input checked="" type="checkbox"/> Authorized	<u>1800 Wazee St., Suite 500</u>
Person	<u>Denver, CO 80202</u>	Person	<u>Denver, CO 80202</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Travis Harvey</u>	<input type="checkbox"/> Manager	Name: <u>Marilyn Cartwright</u>
<input type="checkbox"/> Member	Address: <u>Prologis, Inc.</u>	<input type="checkbox"/> Member	Address: <u>Prologis, Inc.</u>
<input checked="" type="checkbox"/> Authorized	<u>1800 Wazee St., Suite 500</u>	<input checked="" type="checkbox"/> Authorized	<u>1800 Wazee St., Suite 500</u>
Person	<u>Denver, CO 80202</u>	Person	<u>Denver, CO 80202</u>
<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
Marilyn Cartwright, Authorized Person

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROLOGIS-EXCHANGE FL 2002 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. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLOGIS-EXCHANGE FL 2002 LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2021.

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



5357044 8300

SR# 20210794039

You may verify this certificate online at 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: 202648901

Date: 03-04-21