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(Re	equestor's Name)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Ві	usiness Entity Nan	ne)					
(Document Number)							
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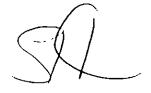


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SECRETARY OF STATE

PH 2: 36

2021 JU! -2 PII 1: 21



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 890071 7171451

AUTHORIZATION :

COST LIMIT : \$/160,00

ORDER DATE : July 1, 2021

ORDER TIME : 1:32 PM

ORDER NO. : 890071-005

CUSTOMER NO: 7171451

FOREIGN FILINGS

NAME: POMPANO INDUSTRIAL INVESTOR

LLC

XXXX_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

UBJEC	Pompano Industrial Investor LLC			
0 10012		ne of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.		
ease re	eturn all correspondence concerning this matter	to the following:		
	Lorraine Tseng			
		Name of Person		
	BlackRock			
	Firm/Company			
400 Howard Street				
Address				
	San Francisco, CA 94105			
		City/State and Zip Code		
	Itseng@blackrock.com			
	E-mail address: (to b	be used for future annual report notification)		
or furth	ner information concerning this matter, please c	all:		
Lorraine Tseng		415 670-6219		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. Pompano Industrial I	Investor LLC Limited Liability Company; must include "Limited	Liability Compa	ny," "L.L.C.," or "LLC.")			-
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in FI	orida. The alternate	name must include "Limited Liabi	lity Company," "L	. L. C." or '	·LLC.")
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3	(FEI number, if applicable)			-
July 1, 2021 4.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration) ne penalty liability)				
251 Little Falls Drive 5. (Street Address of Principal Office)			ittle Falls Drive			_
Wilmington, DE 19808		Wilmington, DE 19808			21	
			-		21 JUL	Lucian B H
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	2007 2007 2007 2007	-2 PH	
Name:	Corporation Service Company			STATE E. FL	2: 36	U
Office Address:	1201 Hays Street			. ,		
	Tallahassee		32301			
	(City)		, Florida(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: Clean Wiln assistant va present

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: Title or Capacity: Name and Address: Name and Address: Name: Debra Mistretta Name: ______ □ Manager □ Manager 40 East 52nd Street Address: ____ □Member □ Member New York, NY 10022 New York, NY 10022 ■Authorized Authorized Person Person Other___ Other □Other_____ □Other Name: Shawn Fetty Name: _____ □Manager □Manager Address: 40 East 52nd Street Address: 40 East 52nd Street □Member □Member New York, NY 10022 New York, NY 10022 ■Authorized □ Authorized Person Person Other_____ □Other Other □Other______ Name: Troy Wismer Name: SBC Master Pension Trust □Manager □ Manager Address: 1 University Square Drive Address: c/o BlackRock □Member **■**Member Princeton, NJ 08540 400 Howard Street **■**Authorized ☐ Authorized San Francisco, CA 94105 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

Shawn Fetty



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

DELAWARE, DO HEREBY CERTIFY "POMPANO INDUSTRIAL INVESTOR 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 FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POMPANO INDUSTRIAL INVESTOR LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2016.

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



Authentication: 203586082

Date: 07-01-21