

MA1000013151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

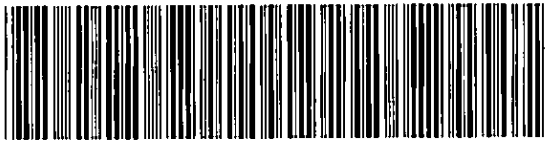
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


Office Use Only



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FILED
2021 OCT -5 PM 2:51
CORPORATION STATE
TALLAHASSEE, FLORIDA
RECEIVED
2021 OCT -5 PM 3:54

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

ACCOUNT NO. : I20000000195
REFERENCE : 072386 7143029
AUTHORIZATION : 
COST LIMIT : \$125.00

ORDER DATE : October 4, 2021
ORDER TIME : 1:48 PM
ORDER NO. : 072386-010
CUSTOMER NO: 7143029

FOREIGN FILINGS

NAME: PROLOGIS-EXCHANGE FL 2003 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: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROLOGIS-EXCHANGE FL 2003 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 STREET, SUITE 500

Address

DENVER, COLORADO 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

at ()

Name of Contact Person

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 2003 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 (FEI number, if applicable)

4. n/a
(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 Street, 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, Florida 32301
(City) (Zip code)

FILED
2021 OCT -5 PM 2:51
DEPARTMENT OF STATE
TALLAHASSEE, FL

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: Alexis Weibull, assistant vice president
(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]:

Title or Capacity: **Name and Address:**

Manager Name: CDECRE, LLC

Member Address: 251 LaSalle St., 13th FL

Authorized Chicago, IL 60604

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Jason Tenenbaum

Member Address: 8355 NW 12th St.

Authorized Doral, FL 33126

Person _____

Other _____ Other _____

Manager Name: Paris Del Rio

Member Address: 8355 NW 12th St.

Authorized Doral, FL 33126

Person _____

Other _____ Other _____

Manager Name: Travis Harvey

Member Address: 8355 NW 12th St.

Authorized Doral, FL 33126

Person _____

Other _____ Other _____

Manager Name: Scott Gregory

Member Address: 8355 NW 12th St.

Authorized Doral, FL 33126

Person _____

Other _____ Other _____

Manager Name: Marilyn Cartwright

Member Address: 1800 Wazee St., Suite 500

Authorized Denver, CO 80202


Person _____

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 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, Assistant Secretary

 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROLOGIS-EXCHANGE FL 2003 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 FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLOGIS-EXCHANGE FL 2003 LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

6282927 8300

SR# 20213427184

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204326348

Date: 10-05-21

COVER LETTER

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