

M220000000533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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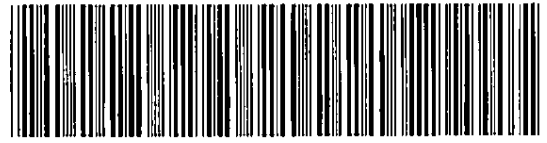
(Business Entity Name)

(Document Number)

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2022 JAN 10 AM 11:46  
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TALLAHASSEE, FLORIDA

2022 JAN 10 AM 11:10  
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TALLAHASSEE, FLORIDA

S. ROBERTS  
JAN 10 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 9401 NW 106TH STREET 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, 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  
\_\_\_\_\_  
Name of Contact Person

303                  567-5484  
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. 9401 NW 106TH STREET 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. 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 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)

2022 JAN 10 AM 11:10
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.

By: Alexis Weibnd, 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]:

<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>Prologis, L.P. (Sole Member)</u>	<input type="checkbox"/> Manager	Name: <u>Marilyn Cartwright</u>
<input checked="" type="checkbox"/> Member	Address: <u>1800 Wazee St., Suite 500</u>	<input type="checkbox"/> Member	Address: <u>1800 Wazee St., Suite 500</u>
<input type="checkbox"/> Authorized	<u>Denver, CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Paris Del Rio</u>	<input type="checkbox"/> Manager	Name: <u>Denver Glazier</u>
<input type="checkbox"/> Member	Address: <u>1800 Wazee St., Suite 500</u>	<input type="checkbox"/> Member	Address: <u>1800 Wazee St., Suite 500</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jessica Polgar</u>	<input type="checkbox"/> Manager	Name: <u>Jason Tenenbaum</u>
<input type="checkbox"/> Member	Address: <u>1800 Wazee St., Suite 500</u>	<input type="checkbox"/> Member	Address: <u>1800 Wazee St., Suite 500</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80202</u>
Person	_____	Person	_____
<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, 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 "9401 NW 106TH STREET 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 SEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "9401 NW 106TH STREET LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

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



6394434 8300

SR# 20220067017

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202347072

Date: 01-07-22