

M22000010004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

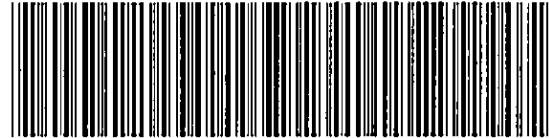
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400389971164

FILED

2022 JUN 27 AM 11:55

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUN 27 PM 3:12

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K. SALY

JUN 28 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/27/2022

Acc#I20160000072

en: c DW

Name:	RREEF CPIF 5370 - 5380 Allen K Breed Highway FL, LLC
Document #:	
Order #:	14387502

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	155.00
------------	--------



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RREEF CPIF 5370 - 5380 Allen K Breed Highway FL, 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:

Brenda Om

Name of Person

DWS

Firm/Company

222 South Riverside Plaza, 34th Floor

Address

Chicago, IL 60606

City/State and Zip Code

brenda.om@dws.com

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

For further information concerning this matter, please call:

Portia Guerin

312

537-9247

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. RREEF CPIF 5370 - 5380 Allen K Breed Highway FL, 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. (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. 222 South Riverside Plaza, 34th Floor
(Street Address of Principal Office)

6. Same
(Mailing Address)

Chicago, IL 60606

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

By: Sandra Zwijack C T Corporation System Sandra Zwijack,
(Registered agent's signature) Assistant Secretary

FILED
2008 JUN 27 AM 11:55
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

2022 JUN 27 AM 11:55

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: RREEF Core Plus Industrial REIT

☒ Member Address: 222 South Riverside Plz, 34th F

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Darrell Campos

☐ Member Address: 101 California Street, 24th Fl

☒ Authorized San Francisco, CA 94111

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Catherine Minor

☐ Member Address: 101 California Street, 24th Fl

☒ Authorized San Francisco, CA 94111

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Vikram Mehra

☐ Member Address: 875 Third Avenue, 26th Fl

☒ Authorized New York, NY 10022

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: William Swiderski

☐ Member Address: 222 South Riverside Pl, 34th Fl

☒ Authorized Chicago, IL 60606

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Portia Guerin

☐ Member Address: 222 South Riverside Plz, 34th F

☒ Authorized Chicago, IL 60606

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.

Portia Guerin

Signature of an authorized person

Portia Guerin

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RREEF CPIF 5370 - 5380 ALLEN K BREED HIGHWAY FL, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2022.

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

FILED

2022 JUN 27 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6864778 8300

CD# 20220022752


Jeffrey W. Bullock, Secretary of State

Authentication: 203764805

Date: 06-24-22