

6/28/22 11:03 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000222169 3)))



H220002221693ABC-

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845

Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 JUN 28 AM 3:34

FILED

### Foreign Limited Liability Company

### AIREIT Commonwealth Logistics Center LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2022 JUN 28 PM 12:51

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

# 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. AIREIT Commonwealth Logistics Center LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware 3. 47-18180255  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I. number, if applicable)

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

5. 1200 17th St Suite 2900 6. 1200 17th St Suite 2900  
(Street Address of Principal Office) (Mailing Address)  
Denver CO 80202 Denver CO 80202

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: James Martin - Assistant Secretary  
(Registered agent's signature) James Martin

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>Jonathan Linker</u>	<input type="checkbox"/> Manager	Name: <u>Sara Butz</u>
<input type="checkbox"/> Member	Address: <u>1200 17th St Suite 2900</u>	<input type="checkbox"/> Member	Address: <u>1200 17th St Suite 2900</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Andrea Karp</u>	<input type="checkbox"/> Manager	Name: <u>Alisia Kemper</u>
<input type="checkbox"/> Member	Address: <u>1200 17th St Suite 2900</u>	<input type="checkbox"/> Member	Address: <u>1200 17th St Suite 2900</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Cory Hopkins</u>	<input type="checkbox"/> Manager	Name: <u>Scot Seager</u>
<input type="checkbox"/> Member	Address: <u>1200 17th St Suite 2900</u>	<input type="checkbox"/> Member	Address: <u>1200 17th St Suite 2900</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

Jonathan Linker

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIREIT COMMONWEALTH LOGISTICS CENTER 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.



6873436 8300

SR# 20222819364

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203761164

Date: 06-24-22