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(Requestor's Name)	-				
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Special Instructions to Filing Officer:					
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K. SALY AUG 1 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: I2000000195	
	REFERENCE	: 882187 8283182	
	AUTHORIZATION	Spielseleman	
	COST LIMIT	: (\$ 125.00	
ORDER DATE :	August 12, 2022		
ORDER TIME :	8:25 AM		
ORDER NO. :	882187-010		
CUSTOMER NO:	8283182		

FOREIGN FILINGS

NAME: ORLANDO LOGISTICS PARK LEEVISTA BUILDING VI, 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#

EXAMINER:

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

IN COMPLIANCE WITH SECTION 005.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1 Orlando Logistics Park LeeVista Building VI, LLC

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compai	ny," "L.L.C.," or "LLC.")		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida The alternate n	ame must include "Limited Liab	dity Company," "L L C," or "LLC.	")
Indiana 2. Oursdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number,	if applicable (
I	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration)			
8888 Keystone Cros			Kavetona Crossina S	Suite 1150	
8888 Keystone Crossing, Suite 1150 5. Street Address of Principal Office)		6	6. (Mailing Address)		
Indianapolis, IN 462		Indian	apolis, IN 46240		
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accepta	ble)	2022 AUG I	
Name:	Corporation Service Company				Ì
Office Address:	1201 Hays Street			PH 1: 40	
	Tallahassee		32301 , Florida		
	(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.

Corporation Service Company alexins Weibred, assistant va presaint By: (

(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:	Title or Capacity:	Name and Address:
Manager	Ambrose Property Group, LLC	□Manager	Name:
Member	Address:	□Member	Address:
□Authorized	Suite 1150	Authorized	
Person	Indianapolis, IN 46240	Person	
□Other	□Other	□Other	🗋 Other
□Manager	Name:	□Manager	Name:
□Member	Address:	Member	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	Other	
□Manager	Name:	□Manager	Name:
Member	Address:	□Mcmber	Address:
□Authorized		□Authorized	
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. 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.

Desif mBale

Signature of an authorized person

Aasif M. Bade

FILED 2022 AUG 15 PM 1:41 State of Indiana Office of the Secretary of State TALLAHASSEE, FLORIDA CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

. .

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ORLANDO L'OGISTICS PARK LEEVISTA BUILDING VI, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 12, 2022, and was in existence or authorized to transact business in the State of Indiana on August 12, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 12, 2022

olli Jullian

HOLLI SULLIVAN SECRETARY OF STATE

202208121614610 / 20222722139 All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on September 11, 2022.