

M23000002161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

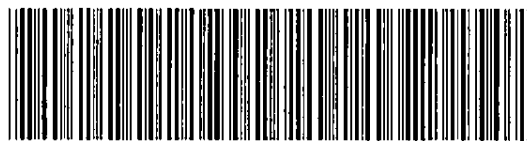
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and Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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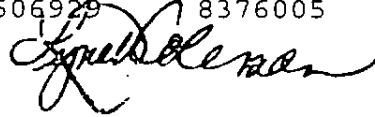
RECEIVED

2023 FEB 17 PM 3:46

DIRECTOR  
CORPORATIONS  
TALLAHASSEE, FLORIDA

FEB 18 2023  
K. Brumby

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

ACCOUNT NO. : I200000000195  
REFERENCE : 506929 8376005  
AUTHORIZATION :   
COST LIMIT : \$ 130.00

ORDER DATE : February 17, 2023  
ORDER TIME : 1:20 PM  
ORDER NO. : 506929-005  
CUSTOMER NO: 8376005

FOREIGN FILINGS

NAME: EXETER 6700 LAKEVIEW, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Exeter 6700 Lakeview, 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:

Tiffany Markoski

\_\_\_\_\_  
Name of Person

Kleinbard LLC

\_\_\_\_\_  
Firm/Company

1717 Arch Street, 5th Floor

\_\_\_\_\_  
Address

Philadelphia, PA 19103

\_\_\_\_\_  
City/State and Zip Code

brian.fogarty@eqtexeter.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person                      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. Exeter 6700 Lakeview, 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)

upon filing

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

5. 5 Radnor Corporate Center  
(Street Address of Principal Office)

6. same  
(Mailing Address)

100 Matsonford Road, Suite 250

Radnor, PA 19087

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)

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:

Eylina Baker  
Assistant Vice President

(Registered agent's signature)

APPROVED  
AND  
FILED

2023 FEB 17 PM 12:57

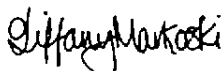
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	EQT Exeter Industrial REIT VI, LLC	<input type="checkbox"/> Manager	Name:	Brian M. Fogarty
<input checked="" type="checkbox"/> Member	Address:	5 Radnor Corporate Center	<input type="checkbox"/> Member	Address:	5 Radnor Corporate Center
<input type="checkbox"/> Authorized		100 Matsonford Road, Suite 250	<input type="checkbox"/> Authorized		100 Matsonford Road, Suite 250
Person		Radnor, PA 19087	Person		Radnor, PA 19087
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	J. Peter Lloyd	<input type="checkbox"/> Manager	Name:	Jason B. Borrelli
<input type="checkbox"/> Member	Address:	5 Radnor Corporate Center	<input type="checkbox"/> Member	Address:	5 Radnor Corporate Center
<input type="checkbox"/> Authorized		100 Matsonford Road, Suite 250	<input type="checkbox"/> Authorized		100 Matsonford Road, Suite 250
Person		Radnor, PA 19087	Person		Radnor, PA 19087
<input checked="" type="checkbox"/> Other	Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	Jason Honesty	<input type="checkbox"/> Manager	Name:	Tiffany Markoski
<input type="checkbox"/> Member	Address:	5 Radnor Corporate Center	<input type="checkbox"/> Member	Address:	c/o Kleinbard LLC
<input type="checkbox"/> Authorized		100 Matsonford Road, Suite 250	<input checked="" type="checkbox"/> Authorized		1717 Arch Street, 5th Floor
Person		Radnor, PA 19087	Person		Philadelphia, PA 19103
<input checked="" type="checkbox"/> Other	Vice President	<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

Tiffany Markoski

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 "EXETER 6700 LAKEVIEW, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXETER 6700 LAKEVIEW, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2023.

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



7294983 8300

SR# 20230566663

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.

Authentication: 202735422

Date: 02-17-23