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Florida Department of State
Division of Corporations
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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: lgreen@aresmgmt.com

**Foreign Limited Liability Company
Ares Industrial Real Estate Fund GP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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OF 3/15/2023

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

IN COMPLIANCE WITH SECTION 605 (9)(a), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Ares Industrial Real Estate Fund GP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," "LTD," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company," "LLC," "LTD," or "LLP.")

2. Delaware 3. 32-3370702
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI Number of registration)

4. _____
(Date first transacted business in Florida, if prior to registration;
(See sections 605 (9)(b) & 605 (9)(c) F.S. to determine penalty liability.)

5. 2000 Avenue of the Stars 6. 2000 Avenue of the Stars
(Street Address of Principal Office) (Mailing Address)
12th Floor 12th Floor
Los Angeles, CA 90067 Los Angeles, CA 90067

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 33324
Florida (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 C T Corporation System
(Registered agent's signature) (Registered agent's name)

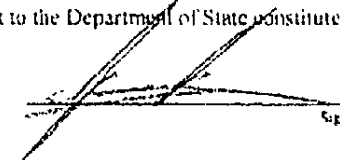
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Double Diamond LLC</u>	☐ Manager	Name: <u>Jonathan Linker</u>
☒ Member	Address: <u>2000 Avenue of the Stars</u>	☐ Member	Address: <u>2000 Avenue of the Stars</u>
☐ Authorized	<u>12th Floor</u>	☒ Authorized	<u>12th Floor</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: <u>Andrea Karp</u>	 ☐ Manager	Name: <u>Enoch Hayne</u>
☐ Member	Address: <u>2000 Avenue of the Stars</u>	☐ Member	Address: <u>2000 Avenue of the Stars</u>
☒ Authorized	<u>12th Floor</u>	☒ Authorized	<u>12th Floor</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: <u>Scott Seager</u>	 ☐ Manager	Name: <u>Cory Hopkins</u>
☐ Member	Address: <u>2000 Avenue of the Stars</u>	☐ Member	Address: <u>2000 Avenue of the Stars</u>
☒ Authorized	<u>12th Floor</u>	☒ Authorized	<u>12th Floor</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</u>
☐ 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.



 Signature of an authorized person
 Jonathan Linker

 Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ARES INDUSTRIAL REAL ESTATE FUND GP
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 FOURTEENTH DAY OF MARCH, A.D. 2023.

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



6535758 8300

SR# 20230992471

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JWB", 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: 202915852

Date: 03-14 23