

M24000002864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

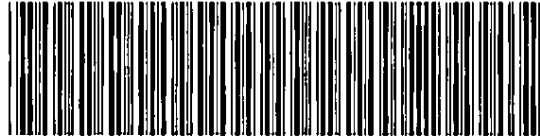
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAR 06 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

FILE 1ST

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 03/04/24
Order #: 1442451-3
Re: Exeter 508 Military Gp, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation
auth

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'auth'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exeter 508 Military GP. 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:

_____, 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. Exeter 508 Military GP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

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. 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)

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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: (Registered agent's signature)

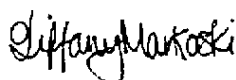
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	EQT Exeter Industrial Core-Plus Fund IV REIT II, LP Name: _____	<input type="checkbox"/> Manager	Brian M. Fogarty Name: _____
<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	J. Peter Lloyd Name: _____	<input type="checkbox"/> Manager	Jason Borrelli Name: _____
<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	Jason Honesty Name: _____	<input type="checkbox"/> Manager	Tiffany Markoski Name: _____
<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 508 MILITARY 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 FOURTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXETER 508 MILITARY GP, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

2816988 8300

SR# 20240873865

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202937978

Date: 03-04-24