M240000 13923

(R	Requestor's Name)	
(A	(ddress)	
(A	ddress)	
(0	City/State/Zip/Phone #)	·-·-
·	,	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(0	Pocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

Office Use Only

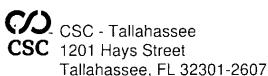


500438833915

2024 OCT 31 AM 9: 59
SECRETARY OF STATE
PART AND SECRETARY

APPROVEU AND FILED

2024 OCT 31 PH 3: 28



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/31/24 Order #: 1668279-1

Re: Exeter 1333 Tradeport, 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: \$160.0 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

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

e, and check are submitted to register the above referturn all correspondence concerning this matter to the Tiffany Markoski Kleinbard LLC 1717 Arch Street, 5th Floor Philadelphia, PA 19103	Name of Person Firm/Company Address /State and Zip Code	
Tiffany Markoski Kleinbard LLC 1717 Arch Street, 5th Floor Philadelphia, PA 19103 City/ brian.fogarty@eqtexeter.com E-mail address: (to be us	Name of Person Firm/Company Address /State and Zip Code	
Kleinbard LLC 1717 Arch Street, 5th Floor Philadelphia, PA 19103 City/ brian.fogarty@eqtexeter.com E-mail address: (to be us	Firm/Company Address /State and Zip Code	
Kleinbard LLC 1717 Arch Street, 5th Floor Philadelphia, PA 19103 City/ brian.fogarty@eqtexeter.com E-mail address: (to be us	Firm/Company Address /State and Zip Code	
1717 Arch Street, 5th Floor Philadelphia, PA 19103 City/ brian.fogarty@eqtexeter.com E-mail address: (to be us	Address /State and Zip Code	
Philadelphia, PA 19103 City/ brian.fogarty@eqtexeter.com E-mail address: (to be us	Address /State and Zip Code	
Philadelphia, PA 19103 City/ brian.fogarty@eqtexeter.com E-mail address: (to be us	/State and Zip Code	
City/brian.fogarty@eqtexeter.com E-mail address: (to be us	/State and Zip Code	
City/brian.fogarty@eqtexeter.com E-mail address: (to be us		
brian.fogarty@eqtexeter.com E-mail address: (to be us		
E-mail address: (to be us		
per information concerning this matter, please call:	sed for future annual report notification)	
ter information concerning this matter, pieuse ean.		
	at () Area Code Daytime Telephone Number	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
vision of Corporations Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		

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 INTHE STATE OF FLORIDA:

Exeter 1333 Tradepo	ort, LLC Limited Liability Company, must include "Limit		Their to the second to the		
(Name of Foreign	familied Lability Company, must include "Limit	ed Tantinty Company	(, 1.1.C., 61 "LLC.)		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in	Florida The alternate na	me must include "Limited L	iability Company," "L.L. C	," or "LLC ")
Delaware 2.		3	(FEI num)		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numb	per, if applicable)	
upon filing 4.					
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter-	o registration) mine penalty liability)			
5 Radnor Corporate 5.		same 6.	iling Address)		
5. (Street Address of Principal Office)		(Ma	iling Address)		
100 Matsonford Roa	d, Suite 250				
Radnor, PA 19087					
7. Name and street address	ss of Florida registered agent; (P.O. Bo	x <u>NOT</u> acceptab	le)	2924 OCT	v
Name:	Corporation Service Company			T31	PPRON
Office Address:	1201 Hays Street			AH 9: Offsta	PED OVEC
	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

By: Shauna Godbolt —

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: Name: EQT Exeter Industrial REIT VI, LLC Name: Brian M. Fogarty □Manager □Manager 5 Radnor Corporate Center 5 Radnor Corporate Center □Member ■ Member 100 Matsonford Road, Suite 250 100 Matsonford Road, Suite 250 □ Authorized □ Authorized Radnor, PA 19087 Radnor, PA 19087 Person Person Vice President ■Other_ Other___ Other □Other ____ Name: ____ Jason Borrelli Name: _____ □Manager □ Manager 5 Radnor Corporate Center 5 Radnor Corporate Center □Member □Member 100 Matsonford Road, Suite 250 100 Matsonford Road, Suite 250 □ Authorized □ Authorized Radnor, PA 19087 Radnor, PA 19087 Person Person Vice President Vice President □Other Tiffany Markoski Name: Name: ___ □Manager ■ Manager 5 Radnor Corporate Center c/o Kleinbard LLC □Member □Member 100 Matsonford Road, Suite 250 1717 Arch Street, 5th Floor □ Authorized ■Authorized Philadelphia, PA 19103 Radnor, PA 19087 Person Person Vice President □Other__ □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

DiffanyMarkoski				
	Signature of an authorized person			
Tiffany Markoski				
•	Typed or printed name of signee	OUAL-49798		



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EXETER 1333 TRADEPORT, 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 THIRTIETH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXETER 1333

TRADEPORT, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D.

2024.

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

Authentication: 204758921

Date: 10-30-24