

M24000015796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

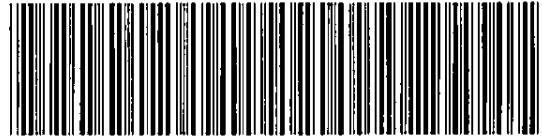
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700439612527

APPROVED
AND
FILED

2024 DEC 17 PM 4:23

RECEIVED
FEB 1 2025

2024 DEC 17 PM 4:15

DEC 17 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 12/17/24
Order #: 1727443-1
Re: Exeter 2120 S Wiggins, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "Processing Method: Routine" line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$155.00 - FL State Account Number:
I20000000195
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.

• • •

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ALBERT EINSTEIN

13

1111-10-0310

Bibliography: BA 10100

City/State and Zip Code _____

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Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 2120 S Wiggins, 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)

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

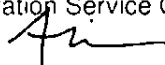
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2024 DEC 17 PM 4:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

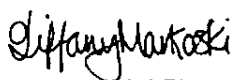
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	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 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 2120 S WIGGINS, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXETER 2120 S WIGGINS, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2024.

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



10035714 8300

SR# 20244509578

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

A handwritten signature in black ink, appearing to read "JBULLOCK", 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: 205148431

Date: 12-16-24