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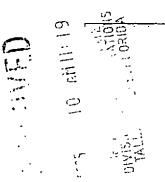
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)377-6544

Attn: Tami Medrano

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: __sdupont@migref.com



Foreign Limited Liability Company Interstate Commerce Center, LLC

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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. Interstate Commerce C					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L	.C.," or " LLC .")		•
If name unavailable, enter alternate r	name adopted for the purpose of managering business in F	orida. The alternate name must	include "Limited Liability	Company," "L.L.C," or ":	LLC.")
Delaware		3.			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
. <u> </u>	(Date first transacted business in Florida, if prior to			_	
	(See sections 605,0904 & 605,0905, F.S. to determ	registration) inc penalty liability)			
660 Newport Center D	Prive	Same			
treet Address of Principal Office)		6. (Mailing Add	ires)		=
Suite 1300					
Newport Beach, CA 92	2660				
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		<u>7</u> 0	
Name:	C T Corporation System			YUZU JUN I	
Office Address:	1200 South Pine Island Road				,
	Plantation	, Florid	33324 ia	- * - : -	7
	(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.

By: John Flynn Assistant Secretary

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MIG Industrial Properties I, LLC Name: MIG Real Estate, LLC Manager □Manager 660 Newport Center Drive 660 Newport Center Drive ■Member □Member **Suite 1300** Suite 1300 □ Authorized ☐ Authorized Newport Beach, CA 92660 Newport Beach, CA 92660 Person Person □Other___ Other □Other_ □Other____ □ Manager Name: Address: Address: ☐ Member □ Member □Authorized □ Authorized Person Person □Other____ □Other____ □Other____ Other___ □ Manager Name: □Manager Address: Address: □Member ☐ Member □ Authorized ☐ Authorized Person Person □Other____ Other 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.\$17.155, F.S. Shorry M. DuPont Typed or printed name of signee

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "INTERSTATE COMMERCE CENTER, 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 NINTH DAY OF JUNE, A.D. 2025.

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

Charumi Putibando-Bancher, Secretary of State
Authentication: 203898832

C. G. Sanchez

Date: 06-09-25

10134186 8300 SR# 20253012428