

B21000000179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

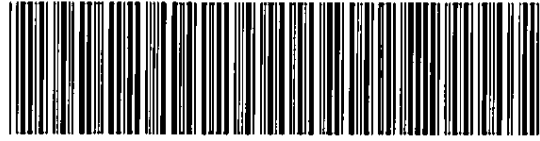
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100365312251

2021 APR 30 11:00 AM

FILED
2021 APR 30 PM 4:45
SUNSHINE STATE
OFFICE OF THE CLERK

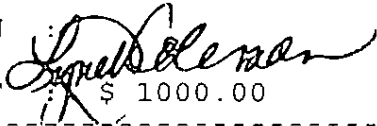
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 782490 8237458

AUTHORIZATION :

COST LIMIT \$ 1000.00



SECRETARY OF STATE
2021 APR 30 PM 4:45

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ORDER DATE : April 27, 2021
ORDER TIME : 8:32 AM
ORDER NO. : 782490-005
CUSTOMER NO: 8237458

FOREIGN FILINGS

NAME: EXETER 10550 SOUTHPORT, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Exeter 10550 Southport, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

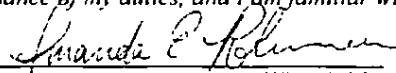
2. Delaware 3. 3/11/2021
State or Country of Formation Date of Formation

4. Federal Employer Identification Number not yet available

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

6. 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.



Signature of Registered Agent

7. Principal Office:
101 West Elm Street, Suite 600
Conshohocken, PA 19428

8. Mailing Address:
101 West Elm Street, Suite 600
Conshohocken, PA 19428

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TALLAHASSEE

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Exeter Core III GP Loan 5, LLC	Name of General Partner: _____
Street Address: 101 West Elm Street, Suite 600 Conshohocken, PA 19428	Street Address: _____
Mailing Address: 101 West Elm Street, Suite 600 Conshohocken, PA 19428	Mailing Address: _____
Name of General Partner: _____	Name of General Partner: _____
Street Address: _____	Street Address: _____
Mailing Address: _____	Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 26th day of April, 2021

See attached signature page

Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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 STATE OF FLORIDA
 DEPARTMENT OF STATE


Signature Page

GENERAL PARTNER:

EXETER CORE III GP LOAN 5, LLC, a Delaware limited liability company

By: Exeter Industrial Core Fund III REIT I, LP, a Delaware limited partnership, its sole member

By: Exeter Industrial Core Fund Management III, LLC, a Delaware limited liability company, its general partner

By: 
Name: J. Peter Lloyd
Title: Vice President

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SECRETARY OF STATE
TALLAHASSEE, FL

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXETER 10550 SOUTHPORT, L.P." 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 TWENTY-NINTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXETER 10550 SOUTHPORT, L.P." WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2021.

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

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DELAWARE
SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

5469826 8300

SR# 20211518886

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

Authentication: 203093178

Date: 04-29-21