

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

1354809 1354809

Michael G. Adams  
KY Secretary of State  
Received and Filed

4/3/2024 4:46:45 PM

Fee receipt: \$90.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **PROLOGIS-EXCHANGE PNAPF 1 LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **12/14/2023** and the period of duration is **perpetual**.  
This Filing is Effective on Wednesday, April 3, 2024
5. This entity is managed by Members

**6. Principal Office**

1800 Wazee Street  
Suite 500  
Denver, CO 80202

**7. Required Representatives**

Member	CDECRE, LLC (sole member)	231 LaSalle Street, 13th Floor	Chicago	IL	60604
--------	---------------------------	--------------------------------	---------	----	-------

**8. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Ethan Scott**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, April 3, 2024

As the Authorized Representative, I, **Michael T. Blair**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Person**