



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 entity is a : ☐ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is DUKE REALTY LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): DUKE REALTY OF DELAWARE LLC
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is DELAWARE

5. The date of organization is JUNE 7, 2022 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
1800 WAZEE ST., SUITE 500 DENVER CO 80202
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
PROLOGIS, L.P. (sole member)	1800 Wazee St., Suite 500	Denver	CO	80202
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates: County: <u>Franklin</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Other	

Signature of Authorized Representative <u>Marilyn Cartwright</u> I, <u>Corporation/Service Company</u> , consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent	Marilyn Cartwright, Asst. Secy. (see Ex. A) Printed Name & Title	October 26, 2022 Date
By: <u>Lynell Allison</u> Signature of Registered Agent	Corporation Service Company Printed Name	Lynell Allison/Asst Secretary Title
		10/26/2022 Date

EXHIBIT A
TO
COMMONWEALTH OF KENTUCKY
CERTIFICATE OF AUTHORITY
FOR
DUKE REALTY LLC

DUKE REALTY LLC
a Delaware limited liability company

By: Prologis, L.P.
a Delaware limited partnership
its sole member

By: Prologis, Inc.
a Maryland corporation
its general partner

By: 
Name: Marilyn Cartwright
Title: Assistant Secretary

Delaware

The First State

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**I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DUKE REALTY 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2022.**

**AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUKE REALTY LLC"
WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2022.**

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



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SR# 20223799682

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

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204647671

Date: 10-18-22