| (Re | questor's Name) | | | | | |
|-------------------------|--------------------|-----------|--|--|--|--|
| (Ad | dress) | | | | | |
| (Ad | dress) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| (Do | (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to | Filing Officer: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



400274829634

S. YOUNG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

| ACCOUNT NO. : I2 | 20000000195 |
|------------------|-------------|
|------------------|-------------|

REFERENCE: 721393 4302216

AUTHORIZATION: Smell Research

COST LIMIT : \$ 48 75

ORDER DATE: July 23, 2015

ORDER TIME : 9:24 AM

ORDER NO. : 721393-005

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: BRE RETAIL CENTERS CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__XX___ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

| | Registration Section Division of Corporations | | | | | | | |
|--------------------------|--|-----------------------|------------------|--|-----------------------|-------------------------------|----------|------|
| SUBJEC | BRE Retail Centers Corp | | | | | | | |
| SUBJEC | | e of corporation | on - must in | clude suffix | | | | _ |
| Dear Sir | or Madam: | | | | | | | |
| "Certifica | osed "Application by Foreign ate of Existence," or "Certific erenced foreign corporation to | ate of Good Sta | anding" and | l check are sub | | | | |
| Please ret Elliot Sch | turn all correspondence conce wab | rning this matte | er to the fo | llowing: | | | | |
| | | Name o | f Person | | | | | _ |
| Simpson 7 | Fhacher & Bartlett LLP | | | | | | | |
| 425 Lexin | ngton Avenue | Firm/Co | mpany | | | | | |
| | | Add | ress | | | | | _ |
| New York | k, NY 10017 | | | | | | | |
| | | City/State | and Zip co | de | | | | |
| | 5 | (a. 1 | I Com Cotonia | | | | | _ |
| | E-mail addr | ess: (to be used | for future | annuai report r | ionnication) | | | |
| For further | er information concerning this | matter, please | call: | | | | | |
| Elliot Sch | wab | 212 at (| 455-74) | | | 三名 | 5 | |
| 1 | Name of Person | Area Co | de I | Daytime Telepl | hone Numbe | | JUL 27 | 1 |
| R D C 2 | RECT/COURIER ADDRI Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301 | ESS: | | MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | E, FLORIDA | M 9: 44 | |
| Enclosed | is a check for the following a | mount: | | | | | | |
| □ \$70.0 | 0 Filing Fee | ing Fee & e of Status | \$78.75 Certifie | Filing Fee & d Copy | | Filing icate of ied Cop | Statu | ıs & |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | BRE Retail Cent | ters Corp | _ | | |
|----------------|--|---|-------------|--|--|
| 1. | (Enter name of co | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | Э," | "COMPANY," "CORPORA | TION," |
| | (If name unavaila | ble in Florida, enter alternate corporate name | e a | adopted for the purpose of trans | acting business in Florida) |
| | Maryland | · | | | - |
| 2. | (State or country | y under the law of which it is incorporated) | 3. | (FEI number, | if applicable) |
| | April 8, 2015 | • | _ | perpetual | п аррпеаоте; |
| 4. | (Date | 5 of incorporation) | 5. | (Date of duration, if | other than perpetual) |
| 6. | upon filing | | | | |
| 7 | c/o The Bla | (SEE SECTIONS 607.1501 & 607. ckstone Group, 345 Park Avenue | .15 . | | |
| 0 | Nome and street | | | ng address, if different) | |
| ٥. | Name and <u>stree</u> | t address of Florida registered agent: (P Corporation Service Company | ٠.ر | o. Box <u>ivo i</u> acceptable) | ⊣ _▲ |
| | Name: | - Corporation Service Company | | | 三 の 5 |
| Oi | ffice Address: | 1201 Hays Street | | | 経費 胃 コ |
| | | Tallahassee | | 32301 , Florida | 27 28 988 |
| | | (City) | | (Zip code) | |
| Ho de fu | aving been name signated in this rther agree to co | ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin comply with the provisions of all statutes amiliar with and accept the obligations | itri S T | nent as registered agent and elative to the proper and co | l agree to act in this capacity. mplete performance of my |
| | C | orporation Service Company | | | Courtney Williams |
| | B | () () () | | | Asst. Vice President |

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

| II. Nan | nes and business addresses of officers and/or directors: | | |
|---------------------------------------|--|--|-------------|
| A. DIR | ECTORS | | |
| Chairman | n: | | |
| Address: | | | |
| | | | |
| Vice Cha | irman: | | |
| Address: | | ······································ | <u></u> |
| Director: | William Stein | | |
| Address: | c/o The Blackstone Group, 345 Park Avenue | | |
| Audiess. | New York, NY 10154 | , | |
| Director: | Nadeem Meghji | | |
| Address: | c/o The Blackstone Group, 345 Park Avenue | | |
| 7100.055 | New York, NY 10154 | | |
| B. OFF | ICERS | · | |
| President: | : | | |
| Address: | NAME OF TAXABLE PARTIES OF TAXAB | <u>5</u> | |
| | | <u></u> | |
| Vice Presi | ident: | ر 2 | 1 |
| | | 7 | П |
| | ###################################### | <u>الله</u> ي | |
| Secretary: | | 轨 | |
| Address: | | | |
| Treasurer | | | |
| Address: | | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or direct | ors. | |
| 12 | Sympleture of Director or Officer | | ····- |
| The offic are true a a third de | Symmetry of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Nadeem Meghii Director | | |
| 12 | Naceen Meani Diferior | | |

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BRE RETAIL CENTERS CORP, INCORPORATED APRIL 08, 2015, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 23, 2015.

Paul B. Anderson Charter Division 15 JUL 27 AM 9: 4 SECRETARY OF STATE FALL AHASSEE, FLORID



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097