

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000303805 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DDR Ormond Towne Square LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/20/2007

8202227615

PAGE 01/04

CT CORP

12/20/2007 16:03

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 604503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DDR Ormand Towne Squ			
(Name of Foreign Lin	nited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC."	<u> </u>
nsent of the managers or n ompany," "L.L.C.," "LLC.	ranaging members adopting the altern	of transacting business in Florida and attach a copy ate name. The alternate name must include "Limited	
Delaware	3.		
(Juriadiction under the law company is organized)	of which foreign limited liability	(FEl number, if applicable)	
12/19/2007	5	Perpetual	
(Date of O	ganization)	(Duration: Year limited liability company will ces exist or "perpetual")	ise to
			<u> </u>
(S	(Date first transacted business in Flor lee sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)	07
c/o Developers Diversifi	ed Realty Corporation		O7 DEG
3300 Entermise Parkuray	, Beachwood, OH 44122		20
		f Principal Office)	
	·	_	ands a
If limited liability co	mpany is a manager-managed o	company, check here	လ်
The name and usual	business addresses of the mana	ging members or managers are as follows:	-
DDR DownREIT LLC	,		, ·
3300 Enterprise Parkwa	у .		
Beachwood, OH 44122			
e jurisdiction under the law or restation of the certificate un	of which it is organized. (A photocopy ider oath of the translator must be submi		820, 8
. Nature of business	or purposes to be conducted or	promoted in Florida: Own, operate, manage and	<u> </u>
directly or indirectly, rea	property and related improvements.		
	Dennis B. Ange	1	
(L	ignature of a member or an auth n accordance with section 608.408(3), P.S n affirmation under the penalties of perjur	norized representative of a member. L, the execution of this document constitutes y that the facts stated herein are true.)	
D	ennis B. Angers, Authorized Represen	ntative	
	Typed or printed a	name of signee	

FL057 - 06/24/2007 C T System Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liab	ility Compa	ny is:		
DDR Ormond Towne Square LLC				
If name unavailable, the alternate	a name to be	used in the state	of Florida is:	٠
2. The name and the Florida stre	et address o	f the registered ag	ent and office are:	
,	сто	Corporution System		
		(Name)		
	1200 S	outh Pine Island Rose	i	
· Flori	da Street Addr	ess (P.O. Box NOT	ACCEPTABLE)	
Plants	· : ition	FL	33324	
	······································	City/State/Zip		
Having been named as registered liability company at the place des agent and agree to act in this capirelating to the proper and comple obligations of my position as registered. CT Corporation Symptoms: By: (Signature)	ignated in the acity. I furth te performan stered agent estem CON	is certificate, I her er agree to comply ace of my duties, ar	eby accept the appointme with the provisions of a nd I am familiar with and Chapter 608, Florida Sta	ent as registere ll statutes l accept the
·	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for A Designation of Certified Copy Certificate of St	Registered Agent (optional)	

15/50/5007 16:03 8502227615 CT CORP

PAGE 03/04

FL037 - 06/28/2807 C T System Online

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DDR ORMOND TOWNE SQUARE 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 TWENTIETH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4476796 8300

071347015

Variet Smith Window Severan of State

AUTHENTICATION: 6255507

DATE: 12-20-07