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K. SALY EXAMINER

JUL 1 6 2013

CR2E027 (9/10)

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC		Seabreeze Plaza LLC			
SUBJEC		Name of Limited Liability Company			
The encle Existence	osed "Application by Foreign Limited I e, and check are submitted to register th	Liability Company for Authorization to Transact Business in Florida," Certificate of ne above referenced foreign limited liability company to transact business in Florida			
Please re	turn all correspondence concerning this	s matter to the following:			
	Paulette Brockington				
Name of Person					
	B. F. Saul Company				
Firm/Company					
	7501 Wisconsin Avenue, Suite 1500 E, Attn. Legal Dept.				
Address					
	Bethesda, Maryland 20814				
City/State and Zip Code					
	paulette.brockington@bfsaulco	o.com			
	E-mail addres	ss: (to be used for future annual report notification)			
For further	er information concerning this matter, p	please call:			
	Paulette Brockington	301 986-6332 at (
-	Name of Person	Area Code & Daytime Telephone Number			
I F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	d is a check for the following an ■ \$125.00 Filing Fee	iling Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION 608.503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LL	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:					
1.	Seabreeze Plaza LLC					
••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
Co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Impany," "L.L.C," "LLC.")					
2.	Delaware 3.					
Ī	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)					
4.	(Date of Organization) 5. (Duration: Year limited liability company will cease to					
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	N/A					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	7501 Wisconsin Avenue, Suite 1500E					
	Bethesda, Maryland 20814					
	(Street Address of Principal Office)					
8.	If limited liability company is a manager-managed company, check here					
9. The name and usual business addresses of the managing members or managers are as follow						
	7501 Wisconsin Avenue (SAUL CENTERS, INC.)					
	Suite 1500E					
	Bethesda, Maryland 20814					
the tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Any lawful purpose					
	MIFC					
	Signature of a member or an authorized representative of a member.					
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a					

Typed or printed name of signee

Merle F. Sustersich

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

If unavailable, the alternate to be used in the state of Florida is:						
	and the Florida street add	dress of the registered agent and office are:				
		C T Corporation System				
		(Name)				
		1200 South Pine Island Road				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plantation	FL 33324				
		City/State/Zip				
liability comp registered ago statutes relati	oany at the place designate ent and agree to act in this ing to the proper and comp	t and to accept service of process for the abouted in this certificate, I hereby accept the apposs capacity. I further agree to comply with the plete performance of my duties, and I am fame registered agent as provided for in Chapter	intment as provisions of all tiliar with and			

CAT Corporation System

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Mark Brinkman

Vice President and Assistant Secretary

Statutes.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEABREEZE PLAZA 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 NINTH DAY OF JULY, A.D. 2013.

5347051 8300

130833909

Jeffrey W. Bullock, Secretary of Sta AUTHENTICATION: 0571646

DATE: 07-09-13

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