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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

Phone : (800)906-9220

Fax Number

: (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: \*\*

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2017 JAN 26

#### Foreign Limited Liability Company UNIVERSITY MALL REALTY LLC

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O. SCOTT

JAN 2 7 2017

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## UNIVERSITY MALL REALTY LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Allstate Corpora	to Services (	`orn	
Alistate Corpora	Name of Person	<del>701р.</del>	
1222 Avenue M,	Suite 301		
	Pirm/Company		
	Address		<del></del>
Brooklyn, NY 11	230	•	
sal@acs123.con	City/State and Zip Code		<del></del>
	to be used for future annual rep	ort notification)	<b>三角</b>
For further information concerning this matter, please	call:		弱生力
Naomi Ostopowitz	800 at (	906-9220	126 126
Name of Contact Person	Area Code	Daytime Telephone	Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle	55
Enclosed is a check for the following amoun  \$125.00 Filing Fee  \$130.00 Filing  Certificate of S	it: Fee & 🔲 \$155.00 Filing		filing Fee, Certificate & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

UNIVERSITY MALL REALTY LLC	1.
(Name of Poreign Limited Liability Company; must me	stude "Limited Liability Company," "L.L.C.," or "LLC.")
f name unavailable, enter alternate name adopted for the purpose of isbility Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include "Limited
ILLINOIS	3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
UPON REGISTRATION	
(Date first transacted business to (See sections 603.0904 & 605.090	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)
150 Great Neck Road, Suite 304	4, Great Neck, NY 11021
•	ss of Principal Office)
150 Great Neck Road, Suite 304	I, Great Neck, NY 11021
(Mai	ling Address)
7. 77% 441	
7. The name, title or capacity and address of the per	
VALLEY STREAM REALTY CORP., MEMBER, 150	Great Neok Road, Suite 304, Great Neck, NY 11021
	28 17
aving custody of records in the jurisdiction under the	more than 90 days old, duly authenticated by the official he law of which it is organized. (A photocopy is not a translation of the certificate under oath of the translator
QL.	$\ell \gamma_{\alpha}$
Signatura	an authorized person
accordance with section 605.0203, F.S., the execution of this document co	an authorized person matitudes an affirmation under the penalties of perjury that the facts stated herein are trent of State constitutes a third degree felony as provided for in a \$17.155, F.S.)
STEVEN WEISS, AUTHORIZE	D PERSON
Typed or prints	ed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ž	HE STATE OF FLORIDA.	ATE A REGISTERED OFFICE AND REC	JISTERED
	of the Limited Liability Comp	•	
If unavailable,	the alternate to be used in th	e state of Florida is:	
2. The name a	and the Florida street address	of the registered agent and office are:	
	Registered Age	ent Solutions, Inc.	
		(Name)	•
	155 Office Plaz	a Dr. Suite A	
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301	
		City/State/Zip	•
liability compa registered agei statutes relatin	any at the place designated in nt and agree to act in this cap ng to the proper and complete	to accept service of process for the above this certificate, I hereby accept the appoint pacity. I further agree to comply with the proper performance of my duties, and I am familial istered agent as provided for in Chapter 60.	ment as covisions of all ar with and
	Steven Weiss, Assistant	Secretary	26
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)	(1) ( <b>연</b> (개) (개)



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

UNIVERSITY MALL REALTY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 07, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of JANUARY A.D. 2017.

Authentication #: 1702301914 verifiable until 01/23/2018
Authenticate at: http://www.cybardrivelilinois.com

Desse White

SECRETARY OF STATE