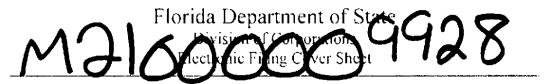
From: Kimberly Laughrey

8/2/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

[mail	Address:		
CIIIALL	AUDIESS.		

## Foreign Limited Liability Company RGMZ MARKETPLACE OF DELRAY OP 7 AT LLC



Certificate of Status	U
Certified Copy	1
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OccuSign Envelope IO: 7A2FD4FE-5A22-45B2-AED8-625A06659F52

To: 18506176383

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	imited Liability Company; must include "Lianite	d Liabilit	v Company," "L.L.U.," oc "L.C.")			_
B name (maya)lable, enter alternate n	aine adopted for the purpose of transacting business in E	londa Uic	alternate name must include "Limited Luchi	hts Company."	"L.L.C." or	uc.n
Delaware		3.				
(Jurisdiction under the law of w	nich foreign limited liability company is organized)		(FEI number,	(f'applicable)		-
July 19, 2021						
	(Date first transacted business in Florida, if prior to (See sections 605,0901 & 605,0905, F.S. to determ	registratio	u ) - trability)	_		
c/o RPT Realty, Inc.			c/o RPT Realty, Inc.			
treet Address of Principal Office)	····	υ.	(Mailing Address)	_ <b>_</b> -		_
19 W. 44th Street, Suite	e 1002	19 W. 44th Street, Suite 1002				<del></del>
New York, New York	10036		New York, New York 10036			
Name and street address	s of Florida registered agent: (P.O. Box  C T Corporation System	C NOT	acceptable)	· •	2021 AUG -2	
Name:	C i Corporation System				_	: 1-
Office Address:	1200 South Pine Island Road				PH 2:	<u>-</u> ′ .
	Plantation		33324 , Florida		17	
	(Cny)		(Zip code)			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes religive to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as pegistered agent.

Stephen Rullis, Vice President

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8.	For initial indexing purposes.	, list names,	title or capacity	and addresses	of the primary	members/managers	or persons	authorized to
ma	nage [up to six (6) total]:							

From: Kimberly Laughrey

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Brian Harper	☐Manager	Name: Timothy Collier
□Member	Address: 19 W. 44th Street, Suite 1002	□ Member	Address:19 W, 44th Street, Suite 1002
□Authorized	New York, New York 10036	☐ Authorized	New York, New York 10036
Person	<u></u>	Person	
President &	CEO	EVP Leasin	gOther
□Manager	Name: Michael Fitzmaurice	□Manager	Name:
□Member	Address: 19 W. 44th Street, Suite 1002	⊒Member	Address: 19 W. 44th Street. Suite 1002
□Authorized	New York, New York 10036	☐ Authorized	New York, New York 10036
Person		Person	
⊠Other	Other	<b>∑</b> OtherEVP & GC	Other
□Manager	Name: Raymond Merk	Manager	Name:
□Member	Address: 19 W. 44th Street, Suite 1002	□ Member	Address:
□Authorized	New York, New York 10036	☐ Authorized	
Person		Person	
SVP & CA	O	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed \$\footnote{\text{Model}} \footnote{\text{Model}} \footnote{\text{Model}}

Signatu	re of an authorized person	
Brian Harper, President & CEO		



Page 1

I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RGMZ MARKETPLACE OF DELRAY OP 7 AT
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 SECOND DAY OF AUGUST, A.D. 2021.

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

e at corn delaware gov/auti

Authentication: 203818983

Date: 08-02-21