

M20000001674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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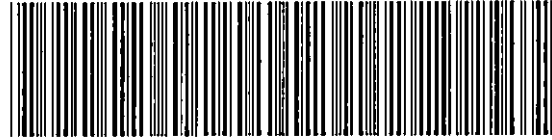
(Business Entity Name)

(Document Number)

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2020 FEB 11 PM 12:39 20 FEB 11 10:55

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2/12/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 175922 4360443

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : February 10, 2020

ORDER TIME : 9:58 AM

ORDER NO. : 175922-005

CUSTOMER NO: 4360443

FOREIGN FILINGS

NAME: BRIXMOR MIAMI GARDENS
OUTPARCEL OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

2020 FEB 11 PM 12:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brixmor Miami Gardens Outparcel Owner, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2020 FEB 11 PM 12:53

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:

1. Brixmor Miami Gardens Outparcel Owner, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 450 Lexington Avenue, 13th Floor 6. 450 Lexington Avenue, 13th Floor
(Street Address of Principal Office) (Mailing Address)

New York, New York 10017 New York, New York 10017

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2020 FEB 11 PM 12:40

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Asst. Vice President

[Signature]
(Registered agent's signature)

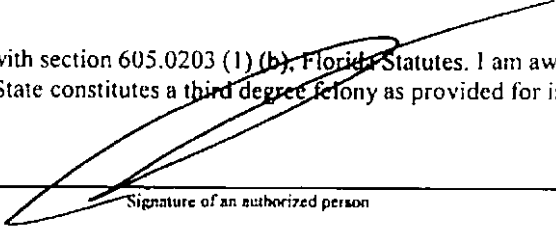
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Brian Finnegan</u>	<input type="checkbox"/> Manager	Name: <u>Steven Siegel</u>
<input type="checkbox"/> Member	Address: <u>450 Lexington Avenue 13th Floor</u>	<input type="checkbox"/> Member	Address: <u>450 Lexington Avenue 13th Floor</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>EVP</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>EVP</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Matthew Ryan</u>	<input type="checkbox"/> Manager	Name: <u>Haig Buchakjian</u>
<input type="checkbox"/> Member	Address: <u>450 Lexington Avenue 13th Floor</u>	<input type="checkbox"/> Member	Address: <u>450 Lexington Avenue 13th Floor</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>EVP</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>EVP</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Patrick Bennison</u>	<input type="checkbox"/> Manager	Name: <u>Bill Brown</u>
<input type="checkbox"/> Member	Address: <u>450 Lexington Avenue 13th Floor</u>	<input type="checkbox"/> Member	Address: <u>450 Lexington Avenue 13th Floor</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>Asst. Secy.</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>EVP</u>	<input type="checkbox"/> 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 in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Steven Siegel, EVP

Typed or printed name of signer

2020 FEB 11 PM 12:40

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIXMOR MIAMI GARDENS OUTPARCEL OWNER, 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 TENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIXMOR MIAMI GARDENS OUTPARCEL OWNER, LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2019.

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

2020 FEB 11 PM 12:40




Jeffrey W. Bullock, Secretary of State

7754326 8300

SR# 20200963924

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

Authentication: 202356524

Date: 02-10-20