

A25717
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000151839 3)))



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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing date of submission 6/22

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

Email Address: _____

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
MSA/PSI OCALA LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

Attn: Jenna Harris

2016 JUN 23 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN 22 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 24 2016
J. HARRIS

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MSA/PSI Ocala Limited Partnership**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Janelle Lopez

Contact Person

WP Glimcher Inc.

Firm/Company

180 East Broad Street

Address

Columbus, OH 43215

City, State and Zip Code

janelle.lopez@wpglimcher.com

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

For further information concerning this matter, please call:

Janelle Lopez

at (**614**) **887-5676**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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



June 23, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MSA/PSI OCALA LIMITED PARTNERSHIP
225 W. WASHINGTON ST., PO BOX 7033
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46207-7033

SUBJECT: MSA/PSI OCALA LIMITED PARTNERSHIP
REF: A25717

RE-SUBMIT

Please retain original filing
date of submission 6/22

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

MSA/PSI OCALA LIMITED PARTNERSHIP

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000151839
Letter Number: 216A00013193

2016 JUN 23 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 22 PM 12:26

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**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is: MSA/PSI Ocala Limited Partnership

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: A25717

2. The jurisdiction of its formation is: Indiana

3. The date the entity was authorized to transact business in Florida is: 01/04/1998

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Simon Property Group, LP

160 East Broad Street

☐ Add

☒ Remove

☐ Change

Columbus, OH 43215

B14006000104

Washington Prime Group, LP

180 East Broad Street

☒ Add

☐ Remove

☐ Change

Columbus, OH 43215

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

Typed or printed name:

See attached signature block

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

6/23/2016 12:49:41 PM From: To: 8506176383(6/6)

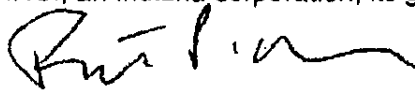
**** Attached Signature Block**

MSA/PSI OCALA LIMITED PARTNERSHIP, an Indiana limited partnership

By: WASHINGTON PRIME GROUP, L.P., an Indiana limited partnership, its
general partner

By: WP GLIMCHER INC., an Indiana corporation, its general partner

By:



Robert P. Demchak
Executive Vice President, Assistant General Counsel & Assistant
Secretary

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