

B970000000103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

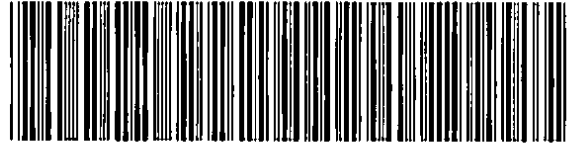
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600377012286

FILED  
FALLA PASSIERI, FLORIDA

2021 DEC -2 PM 2:59

2021 DEC -2 AM 10:29

RECEIVED

10

*Melger*

DEC 09 2021

I ALBRITTON

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 12/02/2021

**\*\*WALK IN\*\***

ENTITY NAME REGENCY CENTERS, L.P.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$105

ACCOUNT #: I20160000072

*S B J/16*

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2021

SUNSHINE STATE

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: REGENCY CENTERS, L. P.  
Ref. Number: B97000000103

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file the enclosed merger is \$52.50 per entity.

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) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 821A00029044

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2021 DEC - 8 AM 10:53  
ALLAHASSER...

2021 Dec -2 11:10:29

**Certificate of Merger  
For  
Florida Limited Partnership or Limited Liability Limited Partnership**

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

**FIRST:** The exact name, form/entity type, and jurisdiction for each **merging** party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Regency Remediation, LLC	Florida	Limited Liability Company
Regency Centers, L.P.	Delaware	Limited Partnership
_____	_____	_____
_____	_____	_____

**SECOND:** The exact name, form/entity type, and jurisdiction of the **surviving** party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Regency Centers, L.P.	Delaware	Limited Partnership
_____	_____	_____

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: 12/1/2021.

**(NOTE:** If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

**FOURTH:** The merger was approved by each party as required by its governing law.

**FIFTH:** If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:



Street address: 1 Independent Drive, Suite 114  
\_\_\_\_\_  
Jacksonville, FL 32202-5019  
\_\_\_\_\_

Mailing address: 1 Independent Drive, Suite 114  
\_\_\_\_\_  
Jacksonville, FL 32202-5019  
\_\_\_\_\_  
\_\_\_\_\_

**SIXTH:** Other provisions, if any, relating to the merger:

**SEVENTH:** Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Regency Remediation, LLC		Ashley Goldsmith, Attorney-in-Fact
Regency Centers, L.P.		Ashley Goldsmith, Attorney-in-Fact

**Fees:** Filing Fees: \$52.50 Per Party  
Certified Copy: \$52.50 (Optional)  
Certificate of Status: \$8.75 (Optional)