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| (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: |
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B. KOHR

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EXAMINER



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SUFFICIENCY OF FILING

DEPARTMENT OF STATE OF VIVISION OF CORPORATIONS

SECRETARY OF STATE
OF CORPORATION



PORATION SERVICE COMPANY.

| GN SERVICE COMPANY. | 2 |
|---|--------|
| ACCOUNT NO. : 120000000195 REFERENCE : 830684 4303929 | CAR |
| ACCOUNT NO. : 120000000195 REFERENCE : 830684 4303929 | 4 |
| AUTHORIZATION: Spelle blend 3 | |
| COST LIMIT : \$ 160.00 | ۔ ک |
| ORDER DATE : June 29, 2011 | |
| ORDER TIME : 3:40 PM | |
| ORDER NO. : 830684-005 | |
| CUSTOMER NO: 4303929 | |
| | |
| DOMESTIC FILING | |
| NAME: SPG PALMETTO LLC | |
| | |
| EFFECTIVE DATE: | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| XXX CERTIFIED COPY PLAIN STAMPED COPY | |
| XXX CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Matthew Young - EXT. 2962 | |

EXAMINER'S INITIALS:

COVER LETTER *

| TO: | Registration of | on Section f Corporations | | • | |
|---------------------------|-----------------|--|--|--|--|
| SUBJECT: SPG Palmetto LLC | | | | | |
| 00.00 | · | Name of Limite | ed Liability Company | | |
| The end | losed Article | es of Organization and fee(s) are s | submitted for filing. | | |
| Please r | eturn ali cor | respondence concerning this matte | er to the following: | | |
| _ | ···== | Rich | ard J. Giusto, Esq. | | |
| | | | Name of Person | | |
| _ | | Green | berg Traurig, P.A. | | |
| Firm/Company | | | | | |
| | | 333 Avo | enue of the Americas | | |
| _ | | | Address | | |
| | | Mian | ni, Florida 33131 | | |
| City/State and Zip Code | | | | | |
| _ | | E-mail address: (to be used for | or future annual report notification) | | |
| For first | her informat | ion concerning this matter, please | | | |
| 10/16/2 | nei mioimat | ton concenting this matter, preuse | Can, | | |
| Richar | d. J. Giust | o, Esq. | at (305) 579-0500 Area Code & Daytime Tele | I M A | |
| | Ne | nne of Person | Area Code & Daytime Tele | phone Number | |
| Enclose | ed is a chec | k for the following amount: | | | |
| \$125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 | Street/Courier Address Registration Section Division of Corporation Cliffon Building 2661 Executive Center C Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPG Palmetto LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "1.1.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

c/o Seagis Property Group LP,

100 Front Street, Suite 350

West Conshohocken, PA 19428

c/o Seagis Property Group LP

100 Front Street, Suite 350

West Conshohocken, PA 19428

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Peter D. Crovo, c/o Seagis Property Group LP

Name

11340 Interchange Circle North

Florida street address (P.O. Box NOT acceptable)

Miramar

FL 33025

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | | |
|--|--|--|--|--|--|
| MGR | John B. Begier 100 Front Street, Suite 350 West Conshohocken, PA 19428 | | | | |
| MGR | Charles C. Lee 100 Front Street, Suite 350 West Conshohocken, PA 19428 | | | | |
| MGR | Kenneth R. Moyer 100 Front Street, Suite 350 West Conshohocken, PA 19428 | | | | |
| | | | | | |
| (Use attachment if necessary) | | | | | |
| ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) | | | | | |
| REQUIRED SIGNATURE: | | | | | |
| Signature of a member or an authorized representative of a member. | | | | | |
| Signature of a member or an authorized representative of a member. | | | | | |

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Richard J. Giusto
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)