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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SPG NW 25TH STREET LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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B. BOSTICK
FEB 15 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPG NW 25th Street LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Gonzalez, Esq.
Name of Person

Greenberg Traurig, P.A.
Firm/Company

333 Avenue of the Americas, Suite 4400
Address

Miami, Florida 33131
City/State and Zip Code

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

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TALLAHASSEE FLORIDA
STATE

For further information concerning this matter, please call:

Danielle Gonzalez, Esq. at (305) 579-0500
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPG NW 25th Street LLC

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

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:

Richard Guertin
Name

Seagis Property Group, 11340 Interchange Circle N.
Florida street address (P.O. Box **NOT** acceptable)

Miramar FL 33025
City, State, and Zip

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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)

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 Begier
c/o Seagis Property Group LP, 100 Front St.
Suite 350, West Conshohocken, PA 19428

MGR

Charles Lee
c/o Seagis Property Group LP, 100 Front St.
Suite 350, West Conshohocken, PA 19428

MGR

Kenneth Moyer
c/o Seagis Property Group LP, 100 Front St.
Suite 350, West Conshohocken, PA 19428

MGR

Tim McKenna
c/o Seagis Property Group LP, 100 Front St.
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.

(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.)

Kenneth R. Moyer

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)

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