

L13000005058 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

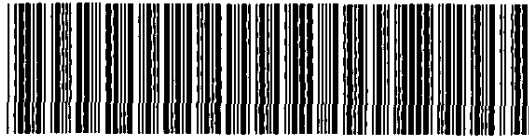
(Business Entity Name)

(Document Number)

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

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01/09/13--010039-006 \*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN -9 AM 9:59

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DEPARTMENT OF STATE  
13 JAN -9 AM 9:37

B. BOSTICK  
JAN 10 2013  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCÄ-14**

**CONTACT:** KATIE WONSCH  
**DATE:** 01/09/2013  
**REF. #:** 000150.179061  
**CORP. NAME:** SPG DEERWOOD CC LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 102903 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

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TALLAHASSEE, FLORIDA

**STATE OF FLORIDA  
LIMITED LIABILITY COMPANY  
CERTIFICATE OF FORMATION**

**ARTICLE I – Name**

The name of the limited liability company (the “Company”) shall be **SPG DEERWOOD CC LLC, a Florida limited liability company.**


**ARTICLE II – Address**

The mailing address and street address of the principal office of the Company is, One Tower Bridge, 100 Front Street, Suite 350, West Conshohocken, PA 19428.

**ARTICLE III - Registered Agent and Office**

The name and the Florida street address of the Registered Agent is NRAI Services, Inc., 515 E. Park Avenue, Tallahassee, Florida 32301.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation for the Company named above this 8<sup>th</sup> day of January, 2013.

  
\_\_\_\_\_  
Danielle Gonzalez  
Authorized Signor

MIA 182,999,247v1 1-8-13

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ACCEPTANCE OF REGISTERED AGENT DESIGNATION FOR:

SPG DEERWOOD CC LLC

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 provision of Section 48.091, Florida Statutes, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: Katie Wonsch  
It's Agent: Katie Wonsch, Assistant Secretary

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