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ACCOUNT NO. : 12000000195 REFERENCE: 312435 5015497 AUTHORIZATION : COST LIMIT : ORDER DATE: September 24, 2014 ORDER TIME : 10:26 AM ORDER NO. : 312435-010 CUSTOMER NO: 5015497 DOMESTIC FILING NAME: U.S. RETAIL STORES MIAMI-BAYSIDE LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX __ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name	e:
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U.S. RETAIL STORES MIAMI-BAYSIDE LLC

ARTICLES OF ORGA	NZATION FOR FL	ORIDA LIMITED LIABILIT	Y COMPANY	TALLED PH 2: 25
ARTICLE 1 - Name:				100 mg
The name of the Limited Liability Com	pany is:			15 3 TO
U.S. RETAIL STORES MIAMI-BAY	SIDE LLC			12.00 m
· · · · · · · · · · · · · · · · · · ·		iability Company, "L.L.C.,	" or "LLC.")	95 25
ARTICLE II - Address:				
The mailing address and street address	of the principal offi	ee of the Limited Liability	Companý is:	•
Principal Office Address:	Mailing	Address:		
1400 Broadway		1400 Broadway		
New York, NY 10018		New York, NY 10018	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ARTICLE III - Registered Agent, Re (The Limited Liability Company canno another business entity with an active F	serve as its own R	egistered Agent. You must		lividual or
The name and the Florida street address	of the registered a	gent are:		
Corporation S	ervice Company			
· · · · · · · · · · · · · · · · · · ·	Name		-	
1201 Hays St	eet		_	
Fiorida street a	daress (P.O. Box N	(OT acceptable)		
Tallahassee		FL 32301		
***	City	Zip	_	
Having been named as registered agen- the place designated in this certifica				

any at the place designated in this certificate. I hereby accept the appointment us 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 605, F.S.

Corporation Service Company

Down S Heal don't U.P.

Registered Agent's Signature (REQUIRED)

Doreen S. Haeselin, Asst. VP

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR* = Authorized Member	
MGR" = Manager	
AMBR	U.S. Retail Stores LLC
	1400 Broadway
	New York, NY 10018
	
	
V: Effective date, if other than the date tive date is listed, the date must be sp	of filing:
V: Effective date, if other than the date tive date is listed, the date must be spifiling.)	of filing:
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	of filing: (OPTIONAL). ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	of filing:
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V: Effective date, if other than the date tive date is listed, the date must be spifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section)	mber or an authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be sp. filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a, me (In accordance with section a constitutes an affirmation use)	mber or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document noter the penaltics of perjury that the facts stated herein are true.
V: Effective date, if other than the date tive date is listed, the date must be sp. filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a, me (In accordance with section of constitutes an affirmation used a may be a	mber or an authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be sp. filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a, me (In accordance with section of constitutes an affirmation of I am aware that any false in	mber or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document nder the penaltics of perjury that the facts stated herein are true, formation submitted in a document to the Department of State clony as provided for in \$.817.155, F.S.) elman
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a, me (In accordance with section of constitutes an affirmation up I am aware that any false in constitutes a third degree fee	mber or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document need the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State flory as provided for in \$.817.155, F.S.)

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