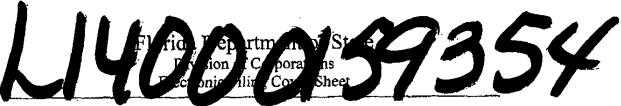
Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000238111 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I199900C0242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

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

D	. 4	Address:
K III A	11	ACCTESS:

FLORIDA LIMITED LIABILITY CO. UP Fashion Square Investor, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

OCT 13 20H

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
UP Fashion Square Investor, 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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Attn: Mall Management Office 3201 East Colonial Drive Orlando, FL 32803	Attn: Mall Management Office 3201 East Colonial Drive Orlando, Fl. 32803
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
W. Bradley Munroe, Esquire Name	
236 E. Virginia Street Florida street address (P.O. Box	NOT accoptable)
<u>Tallahassae</u> City	FL 32301 Zip
	•

Howing been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this cartificate, 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 605, F.S..

Registered Agent's Signature (1904)

(CONTINUED)

Page 1 of 2

(((H140002381113)))

Title: "AMBR" = Authorized Member	Name and Address:		
"MOR" = Manager			
AMBR	Scott Fish		
	1045 Tulioss Road		
	Franklin, TN 37067		
——————————————————————————————————————			
		i.	
•			
(The strong page 18 and 19			
effective date is listed, the date must be speci-	filing:	rofle r	•
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90 day	s after	
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90 day over or an authorized representative of a member.	a after	
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memb (in accordance with section 605.0 constitutes an affirmation under the	the and cannot be more than five business days prior to or 90 day per or an authorized representative of a member. [203 (1) (b), Florida Statutes, the execution of this document per penalties of perjury that the facts stated herein are true.	2014	
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (in accordance with section 605.0 constitutes an affirmation under the lam aware that any false information and the lam aware that any false information.	the and cannot be more than five business days prior to or 90 day wer or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.	2014 OCT	•
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (in accordance with section 605.0 constitutes an affirmation under the same and any false information constitutes a third degree felony a	the and cannot be more than five business days prior to or 90 day per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penaltics of perjury that the facts stated herein are true. tion submitted in a document to the Department of State a provided for in s.817.155, F.S.)	2014	
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a m	the and cannot be more than five business days prior to or 90 day were or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 150 ion submitted in a document to the Department of State to provided for in s.817.155, F.S.)	2014 OCT 1	•

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