

CT

March 15, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9924391 SO
Customer Reference 1: 083672.019500
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

SPG NW 97th LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPG NW 97th 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:

One Tower Bridge
100 Front Street - Suite 350
West Conshohocken, PA 19428

One Tower Bridge
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:

Mindy Frau
Name

11340 Interchange Circle North, c/o Seagis Property Group
Florida street address (P.O. Box **NOT** acceptable)

Miramar FL 33025
City State 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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
CLERK OF STATE
OFFICE OF CORPORATION
16 MAR 15 AM 8:39

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

John Begier

One Tower Bridge, 100 Front Street - Suite 350

West Conshohocken, PA 19428

MGR

Charles Lee

One Tower Bridge, 100 Front Street - Suite 350

West Conshohocken, PA 19428

MGR

Kenneth Moyer

One Tower Bridge, 100 Front Street - Suite 350

West Conshohocken, PA 19428

MGR

Timothy McKenna

One Tower Bridge, 100 Front Street - Suite 350

West Conshohocken, PA 19428

(Use attachment if necessary)

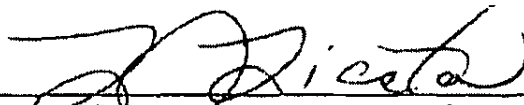
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Lauren J. Licata

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)

16 MAR 15 AM 8:39

FILED
DEPT OF STATE
DIV OF CORPORATIONS
HARRISBURG PA