# L1700041948

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. GOLDEN FEB 2 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 521349 4338256

AUTHORIZATION: Sypelle Blemon

COST LIMIT : \$185.00

ORDER DATE: February 23, 2017

ORDER TIME : 3:21 PM

ORDER NO. : 521349-015

CUSTOMER NO: 4338256

### DOMESTIC AMENDMENT FILING

NAME: EQUITY ONE (COPPS HILL) INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

# **COVER LETTER**

Division of Corporations		
SUBJECT: Equity One (Copps Hill) LLC		
(Name of Res	ulting Florida Limited Company)	
· · · · · · · · · · · · · · · · · · ·	les of Organization, and fees are submitted to cability Company" in accordance with s. 605.10	
Please return all correspondence concerning	g this matter to:	
Laura-Jayne Urso		
(Contact Person)	<del></del>	
Kirkland & Ellis LLP		
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
601 Lexington Avenue		
(Address)		
New York, NY 10022		
(City, State and Zip Code)		
E-mail Address: (to be used for future annual rep	port notifications)	
For further information concerning this mat	tter, please call:	
	at ()	
(Name of Contact Person)	at () (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks processed by this office must be United States)	e payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$3155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy  ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	WITHER 20 K

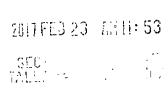
1

# **Articles of Conversion** For

# "Other Business Entity"

Into

# Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entit Equity One (Copps Hill) Inc.	ty" immediately prior to the filing of the Articles of Conversion is:
(Enter Nam	e of Other Business Entity) P10000 25917
2. The "Other Business Entity" is a	ration
(Enter	entity type. Example: corporation, limited partnership, neral partnership, common law or business trust, etc.)
First organized, formed or incorporated u	nder the laws of Florida
3/24/2010	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporat	ion)
3. The name of the Florida Limited Liabi Equity One (Copps Hill) LLC	ility Company as set forth in the attached Articles of Organization:
	ida Limited Liability Company)
date this document is filed by the Floridate listed in the attached Articles of O Note: If the date inserted in this block does not n document's effective date on the Department of S	to date of receipt or filed date nor more than 90 days after the da Department of State; <u>AND</u> 2) must be the same as the effective organization, if an effective date is listed therein.)  neet the applicable statutory filing requirements, this date will not be listed as the
6. The "Converted or Other Business Entity	y" has agreed to pay any members having appraisal rights the amount to ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 23rd day of February	20_17-		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative:	Title: VP and Secretary		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]		
Signature: Ban 402.			
Printed Name: Aaron Kitlowski	Title: VP and Secretary		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liabilit Signature of one General Partner.  If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	orporator must sign.  y Partnership: y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:		 2	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	7EB 23 5811	, see



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:
The name of the	Limit

ted Liability Company is:

2017 FEB 23 ATTI: 53

0.004	1		
	,		•
T/ 1.	. •		

The name of the Elimited Blacking Company is.	TALL
Equity One (Copps Hill) LLC	
(Must contain 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 Add	ress:
1600 N.E. Miami Gardens Drive 1600 N.E. Miami Gardens I	rive
North Miami Beach, FL 33179 North Miami Beach, FL 33	79
	<del></del>
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 i another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	dividual or
Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32301	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited lia place designated in this certificate, I hereby accept the appointment as registered agent and agree to acfurther agree to comply with the provisions of all statutes relating to the proper and complete performa am familiar with and accept the obligations of my position as registered agent as provided for in Chapt	in this capacity. I ce of my duties, and I r 605, F.S
Corporation Service Company	Courtney Wildams
By: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Registered Agent's Signature (REQUIRED)	Asst. Vice President

(CONTINUED)

Page 1 of 2

quity One, IncAMB	1600 N.E. Miami Gardens Drive North Miami Beach, FL 33179
se attachment if necessary)	
ive date is listed, the date must be specifi iling.)	tiling: Upon Filing (OPTIONAL) ic and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will state's records.
77. 04.	
/I: Other provisions, if any.	
OUIRED SIGNATURE	<u></u>
Signature of a memb This document is executed I am aware that any false inf	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutorium submitted in a document to the Department of Statutorium as provided for in s.817.155, F.S.
Signature of a memb This document is executed if am aware that any false inficonstitutes a third degree fel	in accordance with section 605.0203 (1) (b), Florida Statute ormation submitted in a document to the Department of Statute only as provided for in s.817.155, F.S.
Signature of a memb This document is executed if am aware that any false inficonstitutes a third degree fel	in accordance with section 605.0203 (1) (b), Florida Statute ormation submitted in a document to the Department of Statute only as provided for in s.817.155, F.S.

Page 2 of 2