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| (Requ | uestor's Name) | | | | |
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| , (Addr | ess) | | | | |
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| (City/ | State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Busi | ness Entity Nam | e) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Fil | ling Officer: | | | | |
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Office Use Only



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CT CORPORATION SYSTEM

December 24, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5753408 SO

Customer Reference 1: None given

Customer Reference 2: n/a

Dear Secretary of State, Florida:

Please file the attached:

SM Newco Port Richie, LLC (DE)

Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr

Connie_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 DIVISION OF CORPORATION SECOND OF CORPORATION OF CO



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 24, 2002

CT CORPORATION ATTN: CONNIE R. BRYAN

SUBJECT: SM NEWCO PORT RICHIE, LLC

Ref. Number: W02000035814

We have received your document for SM NEWCO PORT RICHIE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 702A00067340

12/26

* Please backdate to:

Dec. 24 th. Thanks!

DEFAN OF COMPORATIONS
DIVISION OF COMPOSE, FLORIDA

02 DEC 26 AHII: 06

BECEINED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| /Nome of t | | | | | _ |
|--|--|---|---------------------------------------|----------------|-------------|
| (Name of h | oreign limited liability | company) | | | |
| Delaware | 3applied for | | | | |
| (Jurisdiction under the law of which foreign limited lia company is organized) | bility | (FEI number, | if applicable) | | _ |
| December 18, 2002 | 5 Derpetual | | | | |
| (Date of Organization) | (Duration: | Year limited lia exist or "per | bility company w rpetual") | ill cease to | _ |
| Upon filing of this Certificate | <u>∸</u> | | | | * 1 |
| (Date first transacted business in Florid | da. (See sections 608.50 | 1, 608.502, and | (817.155, F.S.) | | _ |
| c/o CT Corporation System, The Corporation Trust C | Center, 1209 Orange Str | eet, Wilmington | ı, DE_19801 | | |
| | | | | 202 | <u>بري</u> |
| (Streat) | address of principal offi | 20) | · · · · · · · · · · · · · · · · · · · | | 25 52 |
| (Sifeet 8 | idatess of principal offi | cej | | C | |
| If limited liability company is a manager-man | naged company, ch | eck here | | 2 ₁ | |
| | | | | P | 유유 |
| The name and usual business addresses of the | e managing membe | rs or manage | rs are as follov | WS: | ٩̈́ |
| | | _ | | ** | M |
| KLA/SM Newco GC, LLC c/o Developers Diversifi | ed Realty Corporation | | <u> </u> | <u></u> | -5XS |
| 3300 Enterprise Parkway, Beachwood, OH 44122 | <u> </u> | · | = | | _ |
| | | | ₹ . | | |
| | | <u> </u> | | | - * |
| 30.00 | | ⇒ | <u>4.55</u> | | |
| | | | | | - |
| | • | | | | |
| Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (translation of the certificate under oath of the translator) | (A photocopy is not acce | | | | |
| the jurisdiction under the law of which it is organized. (translation of the certificate under oath of the translator) | (A photocopy is not accemust be submitted.) | ptable. If the co | rtificate is in a fore | eign languag | |
| the jurisdiction under the law of which it is organized. (translation of the certificate under oath of the translator | (A photocopy is not accemust be submitted.) | ptable. If the co | rtificate is in a fore | eign languag | |
| translation of the certificate under eath of the translator. Nature of business or purposes to be conducted. | (A photocopy is not accemust be submitted.) | ptable. If the co | rtificate is in a fore | eign languag | |
| the jurisdiction under the law of which it is organized. (translation of the certificate under oath of the translator | (A photocopy is not accermust be submitted.) cted or promoted in an authorized representation, the execution | ptable. If the confider real esentative of a of this document | estate investment | eign languag | |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited | Liability Company is | ; | | | |
|--|--|---|--|---|---------------------------|
| SM Newco Port Richie, LLC | · | | | <u>e.</u> | · . |
| 2. The name and the Florida | street address of the | registered ag | ent and office | are: | |
| | C T Corpora | | | · <u>*</u> | |
| | (Na | me) | | | |
| c/o (| T Corporation System, Florida street address (P. | | | <u></u> | DIVISION OF |
| Plantation, | Ħ. | г 33 | 324 | e ger | - SS |
| Having been named as registaliability company at the place registered agent and agree to statutes relating to the proper accept the obligations of my properties of the properties of the properties of the obligations of the properties of the obligations of the properties of the obligations of the properties of the pro | e designated in this cell act in this capacity. and complete perform position as registered | ept service of rtificate, I her I further agre mance of my c | reby accept the re to comply wi duties, and I ar | appointment a ith the provision ith familiar with | as ons of all h and |
| | \$ 100.00 Fili | ng Fee for A | pplication | | |

\$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00

\$

Delaware

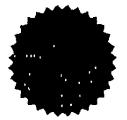
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SM NEWCO PORT RICHIE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

DIVISION OF CORPORATIONS



Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2170427

DATE: 12-26-02

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