# M10WUU02917

(Requestor's Name)
,
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800182085488

74年10日11年D 10 JUN 29 PJI 4: 12 0対記点に対応した。そ

B. KOHR

JUN 2 9 2010

**EXAMINER** 





Δ	$\sim$	רותוו	רואי י	

ACCOUNT NO. : 12000000195

REFERENCE : 432154

7393501

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 29, 2010

ORDER TIME : 3:13 PM

ORDER NO. : 432154-010

CUSTOMER NO: 7393501

#### FOREIGN FILINGS

~~~<del>~~~~</del>

NAME: CHANNELSIDE MALL HOLDINGS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATE TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWING IS SUBMITTED TO REGISTER A FO

| IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:                                                                                                                                                                                                                                                                                    | 7         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Channelside Mall Holdings, LLC                                                                                                                                                                                                                                                                                                                            |           |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")                                                                                                                                                                                                                                                |           |
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of transacting business in Florida and attach a copy of transacting business or managing members adopting the alternate name. The alternate name must include "Limited Liabonpany," "L.L.C.," "LLC.")                              | he writte |
| Delaware 3.                                                                                                                                                                                                                                                                                                                                               |           |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)                                                                                                                                                                                                                                         |           |
| 4. June 24, 2010 5. Perpetual                                                                                                                                                                                                                                                                                                                             | <u> </u>  |
| (Date of Organization)  (Date of Organization)  (Duration: Year limited liability company will cease exist or "perpetual")                                                                                                                                                                                                                                | lo        |
| 5. N/A                                                                                                                                                                                                                                                                                                                                                    |           |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)                                                                                                                                                                                                               |           |
| 7. 265 Franklin Street, 19th Floor                                                                                                                                                                                                                                                                                                                        |           |
| Boston, MA 02110                                                                                                                                                                                                                                                                                                                                          |           |
| (Street Address of Principal Office)                                                                                                                                                                                                                                                                                                                      |           |
| 8. If limited liability company is a manager-managed company, check here                                                                                                                                                                                                                                                                                  |           |
| 9. The name and usual business addresses of the managing members or managers are as follows:                                                                                                                                                                                                                                                              |           |
| Anglo Irish Real Estate Holdings, Inc.                                                                                                                                                                                                                                                                                                                    |           |
| 265 Franklin Street, 19th Floor                                                                                                                                                                                                                                                                                                                           |           |
| Boston, MA 02110                                                                                                                                                                                                                                                                                                                                          |           |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, ranslation of the certificate under oath of the translator must be submitted.) |           |
| 11. Nature of business or purposes to be conducted or promoted in Florida: To hold and dispose                                                                                                                                                                                                                                                            | of_       |
| real property                                                                                                                                                                                                                                                                                                                                             |           |
| Eccured M                                                                                                                                                                                                                                                                                                                                                 | ,         |
| Signature of a member or an authorized representative of a member.                                                                                                                                                                                                                                                                                        |           |
| (In accordance with section 608.408/3). F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)                                                                                                                                                                            |           |
| Edmund Byrne, Chief Executive Officer of Member                                                                                                                                                                                                                                                                                                           |           |

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.

| If name unavailable, the alternate name to be used in the state of Florida is: |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 2. The name                                                                    | ne and the Florida street address of the registered agent and offic | ce are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|                                                                                | Corporation Service Company                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                | (Name)                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                | 1201 Hays Street                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                | Florida Street Address (P.O. Box NOT ACCEPTABLE)                    | Annual Commission of the Commi |  |  |  |
|                                                                                | Tallahassee FL 32301                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                | City/State/Zip                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |

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 608, Florida Statutes.

Corporation Service Company
BY: Carina L. Dunlap
Asst. Vice President

\$ 100.00
 Filing Fee for Application
 \$ 25.00
 Designation of Registered Agent
 \$ 30.00
 Certified Copy (optional)
 \$ 5.00
 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHANNELSIDE MALL HOLDINGS, 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-NINTH DAY OF JUNE, A.D. 2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHANNELSIDE MALL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2010.

4840665 8300

100700733

DATE: 06-29-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State XCATION: 8085469