# M1100000 2851

| (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

B. KOHR

JUN 3 2011

**EXAMINER** 



200207145542

TO ASSISTANCE OF FILING SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS





ACCOUNT NO. : I2000000195 REFERENCE: 800527 4302216 AUTHORIZATION : ( COST LIMIT : ORDER DATE : June 3, 2011 ORDER TIME : 1:10 PM ORDER NO. : 800527-020 CUSTOMER NO: 4302216 FOREIGN FILINGS NAME: BRE RETAIL NP OWNER 1 LLC XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XXX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corporations

Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee &

Certificate of Status

| eun mer.                      | BRE Retail NP Owner 1 LLC  | C   | 7               |
|-------------------------------|--|---|-----------------|
| SUBJECT                       |  | Name of Limited Liability Company   |                 |
| The enclosed<br>Existence, an | "Application by Foreign Limited I<br>Id check are submitted to register th | Liability Company for Authorization to Transact Business in Florida," Certification above referenced foreign limited liability company to transact business in Florida. | ate of<br>orida |
| Please return                 | all correspondence concerning this   | s matter to the following:  |                 |
|                               | Linda Snook  |   |                 |
|                               |  | Name of Person  |                 |
|                               | Corporation Service Com  | npany   |                 |
|                               |  | Firm/Company  |                 |
|                               | 2711 Centerville Road, S   | uite 400  |                 |
|                               |  | Address   |                 |
|                               | Wilmington, DE 19808   |   |                 |
|                               |  | City/State and Zip Code   |                 |
|                               | lsnook@cscinfo.com   |   |                 |
|                               | E-mail addres  | s: (to be used for future annual report notification)   |                 |
| For further in                | formation concerning this matter, p  | please call:  |                 |
| Line                          | da Snook   | at (800) 927-9800   |                 |
|                               | Name of Person   | Area Code & Daytime Telephone Number  |                 |
| MA                            | ILING ADDRESS:   | STREET ADDRESS:   |                 |
| Divi                          | ision of Corporations  | Division of Corporations  |                 |
| _                             | istration Section  | Registration Section  |                 |
| -                             | . Box 6327   | Clifton Building  |                 |
| Talla                         | ahassee, FL 32314  | 2661 Executive Center Circle  |                 |
|                               |  | Tallahassee, FL 32301   |                 |

\$155.00 Filing Fee & \$\int \\$160.00 Filing Fee, Certificate Option of Status & Certified Copy

## 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 RI ISINESS IN THE STATE OF FLORIDA:

| IN THE STATEOF PLOKINA:   |             |
|---|-------------|
| 1. BRE Retail NP Owner 1 LLC  |             |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  |             |
|   |             |
| () Company Table and the state of the state |             |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability   | n           |
| Company," "L.L.C," "LLC.")  |             |
| +   |             |
| 2. Delaware 3.  |             |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)   |             |
| 4. May 23, 2011 5. Perpetual  |             |
| (Date of Organization) (Duration: Year limited liability company will cease to  |             |
| evict or "nernetual")   | 7           |
| · · · · · · · · · · · · · · · · · · ·   | DIVISIUM OF |
| 6(Date first transacted business in Florida, if prior to registration.)   | ত           |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 420 Lexington Avenue, New York, NY 10170  | 2           |
| 4001  | Ç           |
| 7. 420 Lexington Avenue, New York, NY 10170   |             |
| 70  |             |
| (Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here  |             |
| (Street Address of Principal Office)  |             |
| o removal remov   | Ž           |
| 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:  |             |
| Steven Siegel, Manager  |             |
| Steven Stegen, Himilager  |             |
| 420 Lexington Avenue, New York, NY 10170  |             |
| 420 Econigion Avenue, New York, NY 101/0  |             |
|   |             |
|   |             |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in   |             |
|   |             |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a   |             |
| ranslation of the certificate under cath of the translator must be submitted.)  |             |
| 1. Nature of business or purposes to be conducted or promoted in Florida: Real Property Ownership   |             |
| The rest of susmess of purposes to be conducted of promoted in Florida.   |             |
|   |             |
|   |             |
|   |             |
| Signature of a member or an authorized representative of a member.  |             |
| (In accordance with section 598.408(3), F.S., the execution of this document constitutes an affirmation under the   |             |
| penalties of perjury that the facts stated herein are true. 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.)   |             |
| Steven Siegel, Manager  |             |
| 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:                                   |
|--|---|
| BRE Retail NP Owner 1 LLC                |   |
| If unavailable, the alternate to be used | in the state of Florida is:                   |
| 2. The name and the Florida street add   | lress of the registered agent and office are: |
| Corporation Service Co                   | ompany .                                      |
|  | (Name)  |
| 1201 Hays Street                         |   |
| Florida Stree                            | et 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 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.

By: Matthew Young

Asst. V. Pres.

\$ 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 "BRE RETAIL NP OWNER 1 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 THIRD DAY OF JUNE, A.D. 2011.

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 "BRE RETAIL NP
OWNER 1 LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D.
2011.

4986621 8300

110685890

AUTHENTY CATION: 8808150

DATE: 06-03-11

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