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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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(LLAHASSEE, FLORIDA

Foreign Limited Liability Company Simon Silver Sands Holdings, LLC

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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	cr. Simon Silver Sands H	oldings, LLC
	Na	me of Limited Liability Company
The enclose Existence	osed "Application by Foreign Limited Lia e, and check are submitted to register the s	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please re	turn all correspondence concerning this m	latter to the following:
	Tracy L. Reinholt	
		Name of Person
	Simon Property Group	
		Firm/Company
	225 W. Washington St.	The second second
	Indianapolis, IN 46204	Name of Person Firm/Company Address
		City/State and Zip Code
		•
	treinholt@simon.com	
	E-mail address:	(to be used for future annual report notification)
For furth	er information concerning this matter, ple	ase call:
	Tracy L. Reinholt	at (317) 263-7131
	Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
	Registration Section	Registration Section
	P.O. Box 6327	Clifton Building
	Tallahussec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclose	ed is a check for the following amo	unt:
	\$125.00 Filing Fee \$130.00 Filing F	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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 LIBILITY COMPANY TO FRANSACT BUSINESS IN THE STATE OF FLORIDA:

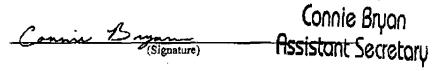
consent of the managers or managing member	opied for the purpose of transacting business in Florids and attach a copy of the written ers adopting the alternate name. The alternate name must include "Limited Liability"
Company,""L.L.C,""LLC.") 2. Delaware	4
(Jurisdiction under the law of which foreig company is organized)	in limited liability (FEI number, if applicable)
4. April 26, 2012 (Date of Organization)	5. Perpetual (Duration: Year limited liability company with cause to exist or perpetual) (Street Address of Principal Office)
6. (Data first transs (See sections 608.	ucted business in Florida, if prior to registration.) 501 & 608.502 F.S. to determine penalty liability)
7. c/o Corporate Paralegal, 22	25 W. Washington St., P.O. Box 7033
Indianapolis, IN 46207-7033	ु
	(Street Address of Principal Office)
8. If limited liability company is a ma	anager-managed company; check here
9. The name and usual business addr	esses of the managing members or managers are as follows:
Simon Property Group, L.P. ((Member), 225 W. Washington St., Indianapolis, IN 46204
the jurisdiction under the law of which it is orga	ce, no more than 90 days old, duly authenticated by the official having custody of records in anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslator must be submitted.)
the jurisdiction under the law of which it is orga- translation of the conflicate under eath of the tra	anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a

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:	
Simon Silver Sands Holdings, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	THE PERSON
CT Corporation System	SSECOND TO
(Name)	E P S
1200 South Pine Island	9EF 3
Florida Street Address (P.O. Box NOT ACCEPTABLE)	""
Plantation FL 33324	
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.



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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIMON SILVER SANDS 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-SIXTH DAY OF APRIL, A.D. 2012.



5145697 8300

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You may varify this certificate online at corp. dalaware, gov/authver, showl

AUTHENTYCATION: 9532172

DATE: 04-26-12