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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

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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Foreign Limited Liability Company St. Johns Town Center III, LLC

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Corporate Filing Menu

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EXAMINER

1/18/2013

https://efile.sunbiz.org/scripts/efilcovr.exe

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COVER LETTER

SUBJECT:	St. Johns Town Center III, LLC	· .	-
		Name of Limited Liability Company	
The enclose Existence, a	d "Application by Foreign Limited and check are submitted to register t	Liability Company for Authorization to Transact Business is the above referenced foreign limited liability company to trans	n Plorida," Certificate of neact business in Plorida
Please return	n all correspondence concerning thi	s matter to the following:	
	Jaymie MoDougal		
		Name of Person	***
	Simon Property Group		
	. January Croup	Firm/Company	 ,
	225 W. Washington St., P.O. I	Address	······································
	•	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Indianapolis, IN 46207-7033		
,		City/State and Zip Code	
	jmedougal@simon.com		
	E-mail addres	s: (to be used for future annual report notification)	
For further in	nformation concerning this matter, p	please call:	A & C 3
Jayn	nie McDougel	at (317) 685-7371	\$ T
	Name of Person	Area Code & Daytime Telephone Number	JAN 18
MA	ILING ADDRESS:	STREET ADDRESS:	PT:
	ision of Corporations	Division of Corporations	
	istration Section Box 6327	Registration Section Clifton Building	<u> </u>
Tallahassee, FL 32314 2661 Executive Center Circle		8: 50 FATE ORID	
		Tallahasseo, FL 32301	

PLOS7 - (MOS/2010 C T System Online

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware Urisdiction under the law of which foreign limited liability (PEI number, if applicable) (Oute of Organization) (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Surcet Address of Principal Office) (Surcet Address of Principal Office) f limited liability company is a manager-managed company, check here (Surcet Address of the managing members or managers are as follows: St. Johns Town Center, LLC, 225 W. Weshington St., P.O. Box 7033, Indianapolis, IN 46207-7033	1	ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili pany," "L.L.C," "LLC.")
(Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) (Street Address of Principal Office) f limited liability company is a manager-managed company, check here (Street Address of the managing members or managers are as follows: 31. Johns Town Center, LLC, 225 W. Washington St., P.O. Box 7033, Indianapolis, IN 46207-7033	1	relaying 3. Irisdiction under the law of which foreign limited liability (PEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) (Street Address of Principal Office) f limited liability company is a manager-managed company, check here (She name and usual business addresses of the managing members or managers are as follows: 31. Johns Town Center, LLC, 225 W. Washington St., P.O. Box 7033, Indianapolis, IN 46207-7033	1	inpany is organized)
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 225 W. Washington St., P.O. Bex 7033, Indianapolis, IN 46207-7033 (Street Address of Principal Office) f limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: 31. Johns Town Center, LLC, 225 W. Washington St., P.O. Box 7033, Indianapolis, IN 46207-7033		
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	7	·
	ļ	it. Johns Town Center, LLC, 225 W. Weshington St., P.O. Box 7033, Indianapolis, IN 46207-7033
	•	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	•	
risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a		
etion of the certificate under cath of the translator must be submitted.)		Nature of business or purposes to be conducted or promoted in Plorida: Real College Internation
etion of the certificate under cath of the translator must be submitted.)		
etion of the certificate under cath of the translator must be submitted.)		

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PAGE 03/05

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.

	e of the Limited Liability Company is:			
If unavailabl	le, 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:	TALL SEC	ū	
	(Name) 1200 South Pine Island Road	ANASSE ANASSE	JAN 18	77
	Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip	E. FLORIDA	MH 8: 50	O

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)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ST. JOHNS TOWN CENTER III, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ST. JOHNS TOWN CENTER III, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2012.

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

5222833 8300

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AUTHENTACATION: 0151931

DATE: 01-17-13