# M14000002689

(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:

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SECRETARY OF STATE
TALLAHASSEF FISHE

L Burch APR 2 & 2014



ION SERVICE COMPANY			
	ACCOUNT NO.	: 1200000001	195
	REFERENCE	: 100470	7780055
ΙA	JTHORIZATION	Locals of	nan
	COST LIMIT	: \$ 125.00	
ORDER DATE : Apri			
ORDER TIME : 5:0	,		
ORDER NO. : 1004			
CUSTOMER NO:	7780055		
	FOREIGN FI	ILINGS	
	ATERFORD LAKE	ES TOWN CENTER	1,
XXXX QUALIFICATIO	N (TYPE: <u>LI</u>	٦)	
PLEASE RETURN THE	FOLLOWING AS	PROOF OF FILI	'NG:
CERTIFIED  XX PLAIN STAM  CERTIFICAT		ANDING	
CONTACT PERSON: E	mily Gray	EXT# 52925	

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJEC	CT: Waterford Lakes Town Center	er, LLC			
			d Liability Company		
The encl Existence	osed "Application by Foreign Lime, and check are submitted to regis	ted Liability Comp ter the above refer	pany for Authorization to a enced foreign limited liabi	Fransact Business in Florida," Certificat lity company to transact business in Flo	e of rida
Please re	eturn all correspondence concerning	g this matter to the	following:		
	Corporate Paralegal				
		Na	ame of Person		
	Simon Property Group, In	c.			
		Fi	nn/Company		
	225 W. Washington Stree	ľ			
			Address		
	Indianapolis, IN 46204				
		City/St	ate and Zip Code	<del></del>	
	arykovich@simon.com				
	E-mail	address: (10 be used	for future annual report noti-	fication)	
For furth	er information concerning this mat	er, please call:			
	Aubrey Rykovich		at (317 ) 263-7	7131	
•	Name of Contact F	erson		Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 1	T ADDRESS: of Corporations tion Section Building ecutive Center Circle		
		Tallahas	see, FL 32301		
	<del>-</del>	amount: 00 Filing Fee & icate of Status	□ \$155,00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

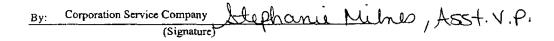
1. Waterford Lakes Town Center, LLC	`
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liability Company," "L.L.C," or "LLC.")	Limited
2. Indiana 3. 46-5306451	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<b>_</b>
5. c/o Corporate Paralegal	<u> </u>
	70 (
225 W. Washington Street, Indianapolis, IN 46204  (Street Address of Principal Office)	<u> </u>
हम् <del>।</del> र	i.
6. c/o Corporate Paralegal	
P.O. Box 7033, Indianapolis, IN 4620/-7033	i L
(Mailing Address)	=
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Simon Property Group, L.P., a Delaware limited partnership, its sole member	
225 W. Washington Street	
Indianapolis, IN 46204	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the certificate under oath of the translation.)	ot
SIMON PROPERTY GROUP, L.P., a Delaware limited partnership By: SIMON PROPERTY GROUP, INC., a Delaware corporation, its general partner	r

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability s Town Center, LLC	y Company is:		
If unavailable,	, the alternate to be use	ed in the state of Florida is:		
2. The name a	and the Florida street a	ddress of the registered agent and office are:	14 APR 21 SECRETAR TALLAHAS	entrope of
	Corporation Service Co	ompany	SEX T	Ş
		(Name)	PM L: 3L OF STATE E.FLORIDA	Decree
	1201 Hays Street		_ 음숙 꽃	
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	<b>&gt;</b>	
	Tallahasee	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 605, 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)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of th	e State	of <b>_th</b> di	ana, the
custodian of the corporate records, and proper official to execute this certificate.	ACC	P	
•	ETAR	20	619K(24323K)
I further certify that records of this office disclose that		2	A STATE OF THE PARTY OF THE PAR
		P	
WATERFORD LAKES TOWN CENTER, LLC	STAT	بر ج	A. T. C.
	, r. i.d	1	

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 03, 2014, and was in existence or authorized to transact business in the State of Indiana on April 18, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of April, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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