

Division of Corporations

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**M14000003190**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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.\*\***

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company  
SPG Management Associates III, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

B. BOSTICK

MAY 12 2014

EXAMINER

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14 MAY -9 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY -9 PM 4:13:27

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SPG Management Associates III, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**c/o Corporate Paralegal**

Name of Person

Firm/Company

**225 W. Washington St., P.O. Box 7033**

Address

**Indianapolis, IN 46204**

City/State and Zip Code

**jmcdougal@simon.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jaymie McDougal**

Name of Contact Person

at **317**

Area Code

**685-7371**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2014-05-09 14:58:27

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

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

1. SPG Management Associates III, 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 "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 225 W. Washington St.

Indianapolis, IN 46204

(Street Address of Principal Office)

6. c/o Corporate Paralegal, 225 W. Washington St., P.O. Box 7033

Indianapolis, IN 46207-7033

(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., the sole member

c/o Corporate Paralegal, 225 W. Washington St., P.O. Box 7033

Indianapolis, IN 46204

8. 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 translation of the certificate under oath of the translator must be submitted)

SPG MANAGEMENT ASSOCIATES III, LLC, an Indiana limited liability company

By: SIMON PROPERTY GROUP, L.P., a Delaware limited partnership, its sole member

By: SIMON PROPERTY GROUP, INC., a Delaware corporation, its general partner

By:

James M. Barkley, Vice President and Secretary

**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.

1. The name of the Limited Liability Company is:

**SPG Management Associates III, 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:

**CT Corporation System**

(Name)

**1200 South Pine Island**

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 605, Florida Statutes.*



**Bernadette Baker**

(Signature) Assistant Secretary

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

2014-05-09 14:58:29

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

To Whom These Presents Come, Greetings:

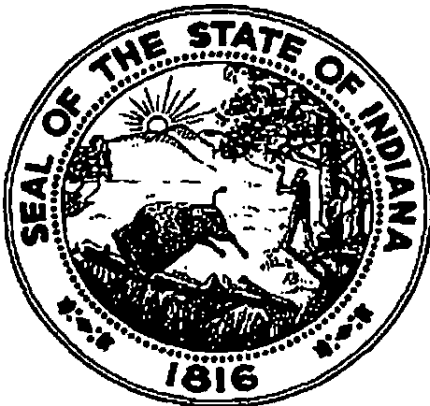
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**SPG MANAGEMENT ASSOCIATES III, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 29, 2014, and was in existence or authorized to transact business in the State of Indiana on May 09, 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 Ninth Day of May, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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