

# M14000003471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

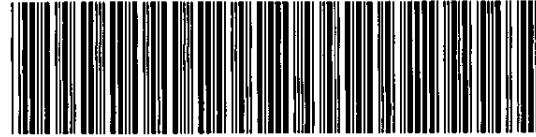
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*RA Sign W14-32004*

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DIVISION OF CORPORATIONS  
2014 MAY 20 PM 4:24  
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FILED  
2014 MAY 20 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 22 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 131816 7780055  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

ORDER DATE : May 14, 2014  
ORDER TIME : 3:43 PM  
ORDER NO. : 131816-010  
CUSTOMER NO: 7780055

FOREIGN FILINGS

NAME: WASHINGTON PRIME MANAGEMENT ASSOCIATES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2014

CSC / EMILY GRAY

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: WASHINGTON PRIME MANAGEMENT ASSOCIATES, LLC  
Ref. Number: W14000032004

We have received your document for WASHINGTON PRIME MANAGEMENT ASSOCIATES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 914A00010967

RECEIVED  
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DIVISION OF CORPORATIONS  
2014 MAY 21 PM 4:18  
To Acknowledge  
SUFFICIENCY OF FILING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Washington Prime Management Associates, 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

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. Washington Prime Management Associates, 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. \_\_\_\_\_

(FEI 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. Wisconsin Towers at Bethesda Crossing, 7315 Wisconsin Ave., Suite 500-E

Bethesda, MD 20814

(Street Address of Principal Office)

6. Wisconsin Towers at Bethesda Crossing

7315 Wisconsin Ave., Suite 500-E, Bethesda, MD 20814

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Washington Prime Group, L.P., the sole member

Wisconsin Towers at Bethesda Crossing, 7315 Wisconsin Ave., Suite 500-E

Bethesda, MD 20814

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)

WASHINGTON PRIME MANAGEMENT ASSOCIATES, LLC, an Indiana limited liability company

By: WASHINGTON PRIME GROUP, L.P., an Indiana limited partnership, its sole member

By: WASHINGTON PRIME GROUP INC., an Indiana corporation, its general partner

By: \_\_\_\_\_

*Robert P. Demchak*

Robert P. Demchak, Secretary and General Counsel

SECRET (PART OF STALL)  
TALLAHASSEE, FLORIDA  
MAY 20 AM 11:09  
FILED

**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:

Washington Prime Management Associates, 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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

FILED  
2014 MAY 20 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

*Carina L. Dunlap*  
(Signature)

Carina L. Dunlap  
Asst. Vice President

\$ 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 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

**WASHINGTON PRIME MANAGEMENT ASSOCIATES, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 04, 2014, and was in existence or authorized to transact business in the State of Indiana on May 14, 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 Fourteenth Day of May, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

2014020401087 / 2014051423199