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D. BRUCE MAR 1 7 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 558417 4340636 AUTHORIZATION : COST LIMIT ORDER DATE: March 16, 2017 ORDER TIME : 3:15 PM ORDER NO. : 558417-025 CUSTOMER NO: 4340636 FOREIGN FILINGS NAME: BPREP MEDLEY PALMS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO:	Regist Divisi	ration Section on of Corporatio	ns						
'erm n	ear.		BPREP	Medi	ey Palms LLO				
SUBJI	ECT: _		Name of	f Limi	ted Liability (Сотрапу	·		
			reign Limited Liability Con ed to register the above refe						
Please	return al	l correspondence	concerning this matter to the	e follo	owing:				
		Kelli Halcy							
		····	3	Name	of Person				
		Jones Day							
]	Firm/C	Company	•			
		2727 N. Harwo	ood St.						
		-		Ac	idress				
		Dallas, Texas	75201						
			City/	State	and Zip Code		•		
		melissa.lang@b					ŕ		, कार्यकृष्ट
r c		4:	E-mail address: (to be us	ed for	future annual	l report no	7.	2017 MAR 16	fransa fransa
ror tu	rmer into	rmation concernit	ng this matter, please call:				ŗ	J ***	<u>: "}</u>
Melissa Lang		at	212	978-16)	528	ר הַּי			
		Name	of Contact Person		Area Code	Day	ytime Telephone Num		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327				STREET ADDRESS: Division of Corporations		;;			
			Registration Section Clifton Building						
		assee, FL 32314					ecutive Center Circle see, FL 32301		
Enclos	sed is a ci	heck for the follow							
	□ \$ 12	25.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		\$155.00 Filinertified Copy	_	☐ \$160.00 Filing F of Status & Certifie		ate

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 RUSINESS IN THE STATE OF FLORIDA.

BPREP Medley Palms	LLC						
(Name of Fore	ign Limited Liabilit	y Company; must inclu	de "Limited Liab	ility Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C.				in Florida. The alternate nar	ne must ir	iclude "L	imited
2. Delaware		3	82-0792426	,			
(Jurisdiction under the law company is organized)	of which foreign lin	nited liability		(FEI number, if applicable)		_
4	/5 · · · ·				_		
	(See sections	ransacted business in F 605.0904 & 605.0905,	F.S. to determine	penalty liability)			
5. c/o Brookfield Propert	y Group LLC, Bro	okfield Place	· · · · · · · · · · · · · · · · · · ·		_		
250 Vesey Street, 15th	Floor, New York,	NY 10281-1023					
	(St	reel Address of Principa	al Office)		<u> </u>	2017	
6. c/o Brookfield Property	Group LLC, Bro	okfield Place			_ <u>E</u>		·-[7
250 Vesey Street, 15th	Floor, New York,	NY 10281-1023			HASS	<u> </u>	Constraints
· · · · · · · · · · · · · · · · · · ·		(Mailing Address	s)		- 65 · ·	<u></u>	<u> </u>
7. Name and street address	ss of Florida regist	ered agent: (P.O. Bo	x <u>NOT</u> accepta	ble)	77.	U	[] []
Name:	Corporation Ser	vice Company				ŧΞ	Carrier P.
Office Address:	1201 Hays Stree	t			7.	5	
	Tallahassee			, Florida 32301			
		(City)		(Zip code)	_		
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of	gistered agent and tion, I hereby acc ons of all statutes	ept the appointment relative to the prope istered agent	as registered ag	ent and agree to act in th	is capaci	ity. I fut	rther agree
		(Registered ag	ent's signature)		_		
8. The name, title or capa	acity and address o	f the person(s) who h	as/have authori	Janet Budhu,As ty to manage is/are:	ist. Vice I	Presider	it
Jay Cornforth, Manager,	250 Vesey Street,	15th Floor, New York	k, NY 10281-10	123			
Laurinda Martins, Manag	er. 250 Vesev Stre	et. 15th Floor, New	York, NY 10281	1-1023		-	
						-	
 Attached is a certificate jurisdiction under the law of the translator must be s 	of which it is orga						
		Signature of an a	Jana				
		Signature of an a	uthorized berson		_		
This document is executed submitted in a document to							n
Submittee in a document it	л анс Берагинен С	Melissa Lang, Vi	_	ny ao providen fot in 5.01	1.199, 1'10	··	
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Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BPREP MEDLEY PALMS 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 EIGHTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BPREP MEDLEY PALMS LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202158955

Date: 03-08-17

6331888 8300 SR# 20171654117

You may verify this certificate online at corp.delaware.gov/authver.shtml