Fax Server

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000317973 3)))



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To:	Division of Corporations	اب . رئ
	Fax Number : (850)617-6383	ł . ł .
From:		
	Account Name : BROAD AND CASSEL (BOCA R	E (MOTA
	Account Number: 076376001555 Phone: (561)483-7000	£
	Fax Number : (561) 483-7321	
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Electronic Filing Menu

Corporate Filing Menu

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Fax Audit No. H17000317973 3

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

			0902, FLORIDA STATUTES, THE FOL NTHE STATE OF FLORIDA:	TOM	NG IS SURMITTED TO REGISTI	R A FC	DKEIGN I.I.	МПЕД) I	<i>LABILITY</i>
	SPG DORAL RETAIL	PARTN	ERS. LLC						
1	(Name of Foreign	Limited D	ability Company; must include "Limited	Labili	y Company," "L.L.C.," or "LLC.")				
			·						
		enic sdopted	for the purpose of transacting business in Florid			ility Comp	pany," "LLC.	or "LLC.	.")
2. DELAWARE (Jerisdiction under the law of which foreign firsted liability company is organized)			3.	3. APPLIED FOR (FEI number, (Farytheable)					
	,	•							
4	DECEMBER 1, 2017	(Date	Frst transacted business in Florida, if prior to re- ections 605,0904 & 605,0905, F.S. to determine	gista átio	n.)				
					2200 BUTTS ROAD, SUIT	DOE 37			
5.	2200 BUTTS ROAD,	SULLE 3	ke)	6.	(Mailing Add:	200			
	BOCA RATON, FL. 3	-			BOCA RATON, FL 33431		: -	====	E
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7.	Name and street address	s of Flo	ida registered agent: (P.O. Box.)	NOT	acceptable)			ဟ်	
	Name:	BCRA	, LLC					271	
	(vanic.	=====	T ADDO DOAD CLUTD 100	-			-		
	Office Address:	11110	LADES ROAD, SUITE 300					Ġ	
		BOCA	RATON (City)		, Florida 33434			<u>-</u>	
to c	comply with the provis-	ions of a s of my p	ereby accept the appointment us It statutes relative to the proper a position as registered agent.	ind ce	ered agent and agree to act omplete performance of my a	n ims lutics, (cupucny. and I am ,	i juran familia	er agree r with
		L	(Registered agont's si	gneturo)					-
8.	The name, title or cap. Title or Capacity:	acity and	address of the person(s) who has Name and Address:		authority to manage is/are: Itle or Capacity:	Nam	<u>१८ मध्य ४ त्</u>	dress:	
	MANAGER		SPG MANAGER, LLC	_					
		-	2200 Butts Road, Suite 300 Boca Raton, PL 33431						
		_			·····				
αú	se attachments if neces	sary)							
9. / juri	Attached is a certificate	of exist	ence, no more than 90 days old, d it is organized. (If the certificate)	uly au is in	nthenticated by the official has a foreign language, a translate	ving co on of t	istody of r he certific	ccords i	in the er oath
10. sub	This document is executive to the comment to	cuted in a o the Dep	ocordance with section 605,0203 partment of State constitutes a thir	(1) (b d deg), Florida Statutes, I am awar ree felony as provided for in	e that a s.817.1	ny false in 55, F.S.	formati	on
			Signature c	fan mul	harized person				
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPG DORAL RETAIL PARTNERS, 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 FIRST DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPG DORAL RETAIL PARTNERS, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2017.

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

6641175 8300 SR# 20177332039

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

Authentication: 203665532

Date: 12-01-17