## M18800002010

| (Requestor's Name)                      |      |
|---|------|
| (Address)                               |      |
|   |      |
| (Address)                               |      |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
| (Business Entity Name)                  |      |
| (Document Number)                       |      |
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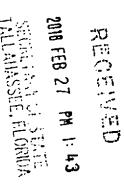
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J. LEGGETT FEB 2 8 2018



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 087102\_ 4330802

COST LIMIT : \$ 160.00

ORDER DATE : February 27, 2018

ORDER TIME : 10:32 AM

ORDER NO. : 087102-015

CUSTOMER NO: 4330802

## FOREIGN FILINGS

NAME: MFB UNIVERSITY MALL S LLC

AUTHORIZATION :

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

TO:

| TO:                |                                 | ation Section<br>a of Corporation  | ıs  |                                    |   |  |                                |
|--------------------|---------------------------------|--|---|------------------------------------|---|--|--------------------------------|
| SUBJE              |                                 | B University Ma  | ill S LLC   |                                    |   |  |                                |
| 00001              |                                 |  | Name of I   | Limited Liability (                | Company   |  |                                |
| The en-<br>Existen | closed "Ap<br>nce, and ch       | pplication by For<br>seck are submitte                                     | eign Limited Liability Comp<br>d to register the above refere | any for Authoriza                  | tion to Tra<br>ed liability                     | unsact Business in Florida,"<br>company to transact busine                     | Certificate of ess in Florida. |
| Please             | return all o                    | correspondence o   | concerning this matter to the                                 | following:                         |   |  |                                |
|                    |                                 | Stanley Tanzer   |   |                                    |   |  |                                |
|                    |                                 |  | Na  | ime of Person                      |   | <del></del>  |                                |
|                    |                                 | c/o RD Manage  | ement LLC   |                                    |   |  |                                |
|                    |                                 |  | Fi  | rm/Company                         |   |  |                                |
|                    |                                 | 810 Seventh Av   | ve., 10th Floor   |                                    |   |  |                                |
|                    |                                 |  |   | Address                            |   |  |                                |
|                    |                                 | New York, NY   | 10019   |                                    |   |  |                                |
|                    |                                 | **   | City/St   | ate and Zip Code                   |   |  |                                |
|                    | :                               | stanzer@rdmana   | gement.com  |                                    |   |  |                                |
|                    | -                               |  | E-mail address: (to be used                                   | for future annual                  | report not                                      | ification)   |                                |
| For fur            | ther inform                     | nation concerning  | g this matter, please call:                                   |                                    |   |  |                                |
|                    | Barbara                         | Silberberg   |   | 212<br>_ at (                      | 265-66  | 00   |                                |
|                    |                                 | Name o   | f Contact Person  | Area Code                          | Day   | time Telephone Number  |                                |
|                    | Division<br>Registra<br>P.O. Bo | NG ADDRESS:<br>of Corporations<br>tion Section<br>x 6327<br>(see, FL 32314 |   |                                    | Division<br>Registrati<br>Clifton B<br>2661 Exe | ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301 |                                |
| Enclose            |                                 | ck for the follow<br>00 Filing Fee   | ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status   | □ \$155.00 Filin<br>Certified Copy | ng Fee &  | 自\$160.00 Filing Fee, Ce of Status & Certified Cop.                            |                                |

## 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:

|   | serve adorsed for the possess of the server in the server | de The above and the second  | Winner At Intellige Community of the Com |
|---|---|--|--|
| 2. Delaware   | same adopted for the purpose of transacting business in Flori   | 3. 82-4535790  | "Limited Liability Company," "L. L. C." or "LL.C.")  |
|   | hich foreign limited hability company is organized)   | 3. 62-4555750  | (FEI number, if applicable)  |
| 4. 03/01/2018   |   |  |  |
| T   | (Date first transacted business in Florida, if prior to ri<br>(See sections 605 0904 & 605.0905, F.S. to determin   | egistration.)<br>e penalty liability)  |  |
| 5. 810 Seventh Ave., 10t  | h Floor   | 6 810 Seventh Ave.   | . 10th Floor   |
| (Succi Address of<br>New York, NY 10019   | •   | (,   | Mailing Address)   |
| 100 101K, N1 10013  |   | New York, NY 10  | 0019   |
|   |   | ·  | - 2  |
| 7. Name and street address  | ss of Florida registered agent: (P.O. Box   | NOT accentable)  | - C  |
|   | Corporation Service Company   | <u></u>  |  |
| Name:   |   | <del></del>  | = 1·2  |
| Office Address:   | 1201 Hays Street  |  | <del>"</del> 0   |
|   | Tallahassee   | , Florida <u>32</u>  | 2301   |
| Registered agent's accep  | (City)  |  | (Zip code)   |
| Having been named as re<br>designated in this applica<br>to comply with the provis  | gistered agent and to accept service of p<br>tion, I hereby accept the appointment as<br>ions of all statutes relative to the proper t  | registered agent and agr   | ee to act in this capacity. I further agree<br>ee of my duties, and I am familiar with   |
| Having been named as re<br>designated in this applica<br>to comply with the provis  | gistered agent and to accept service of p<br>tion, I hereby accept the appointment as   | registered agent and agrand complete performance   | ee to act in this capacity. I further agree  |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capi  | rgistered agent and to accept service of position, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  Corporation Service Company  By:  (Registered agent's significant and address of the person(s) who has  | registered agent and agrand complete performance grature)  | ree to act in this capacity. I further agree to of my duties, and I am familiar with Roxanne Turner Asst. Vice President to is/are:  |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>   | rgistered agent and to accept service of p<br>tion, I hereby accept the appointment as<br>ions of all statutes relative to the proper of<br>s of my position as registered agent.<br>Corporation Service Company<br>By:  (Registered agent's si<br>acity and address of the person(s) who has<br>Name and Address:  | registered agent and agrand complete performance grature)  Thave authority to manage Title or Capacity:  | ee to act in this capacity. I further agree to of my duties, and I am familiar with Roxanne Turner Asst. Vice President is/are:  Name and Address:   |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capi  | rgistered agent and to accept service of position, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  Corporation Service Company  By:  (Registered agent's significant and address of the person(s) who has  | registered agent and agrand complete performance grature)  | ree to act in this capacity. I further agree to of my duties, and I am familiar with Roxanne Turner Asst. Vice President to is/are:  |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>   | rgistered agent and to accept service of p tion, I hereby accept the appointment as tions of all statutes relative to the proper of s of my position as registered agent.  Corporation Service Company By:  (Registered agent's si acity and address of the person(s) who has Name and Address:  Richard Birdoff  810 Seventh Ave., 10th Floor  | registered agent and agrand complete performance grature)  Thave authority to manage Title or Capacity:  | Ree to act in this capacity. I further agree to of my duties, and I am familiar with Roxanne Turner Asst. Vice President is/are:    Name and Address: Robert P. Murray   810 Seventh Ave., 10th Floor  |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capatitle or Capacity:  Manager   | gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent. Corporation Service Company By:  (Registered agent's si acity and address of the person(s) who has Name and Address:  Richard Birdoff  810 Seventh Ave., 10th Floor New York, NY 10019  Joseph Lipari  810 Seventh Ave., 10th Floor New York, NY 10019  | registered agent and agrand complete performance grature)  Thave authority to manage Title or Capacity:  | Ree to act in this capacity. I further agree to of my duties, and I am familiar with Roxanne Turner Asst. Vice President is/are:    Name and Address: Robert P. Murray   810 Seventh Ave., 10th Floor  |
| Having been named as redesignated in this applicate comply with the provisand accept the obligation.  8. The name, title or capatitle or Capacity:  Manager  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec | rgistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.  Corporation Service Company By:  (Registered agent's si acity and address of the person(s) who has Name and Address:  Richard Birdoff  810 Seventh Ave., 10th Floor New York, NY 10019  Joseph Lipari  810 Seventh Ave., 10th Floor New York, NY 10019  sary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate   | registered agent and agrand complete performance and complete performan | Roxanne Turner Asst. Vice President  Royanne Turner Asst. Vice President  Robert P. Murray  810 Seventh Ave. 10th Floor New York, NY 10019  efficial having custody of records in the a translation of the certificate under oath  am aware that any false information   |

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MFB UNIVERSITY MALL S 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2018.

and the second s

Authentication: 202199942

Date: 02-22-18