Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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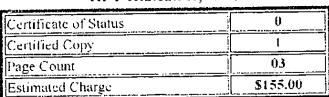
Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company RPT Hialeah II, LLC



Resubmission Keep Date 5/31/18.

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLENCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REDINTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDAL 1. RPT Hisleah H, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" L.L.C.," or "LEC.") Hinane of available, energ alternate name adopted for the purpose of transceing business in Florida. The alternate mantermate incline "Limited Liability Corpany," L.L.C." or "LLC." or "LLC." 2. Delaware (FEI manber, il applicable) (Junishi non mader the law of which fureign furned liability company is organized) (Date their transacted business in Florida, if prior to registration ((See sections 605,0904 & 605,0905, FS) to determine penulty liability) 5. 222 South Riverside Plaza, 26th Floor (Mating Address) Surer Address of Principal Offices Chicago, H. 60606 Name and street adoress of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. CT Corporation System A 9 10 1 Stephanie Boehm 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity; RREEF Property Operating Partnership, LP Member/Manager 345 Park Avenue, 26th Floor New York, NY 10154 (Use attachments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any fidse information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

> Portia Guerin Typed or primad name of signer



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

DELAWARE, DO HEREBY CERTIFY "RPT HIALEAH II, 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 THIRTY-FIRST DAY OF MAY, A.D. 2018.

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

Authentication: 202794521

Date: 05-31-18