# 141900005157

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #) ·
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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TALLAHASSEE FLORIDA

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RECEIVED

Y SCOTT

MAY 2 8 2019

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 777,9245

AUTHORIZATION ?

7664206

COST LIMIT :

ORDER DATE : May 23, 2019

ORDER TIME : 10:55 AM

ORDER NO. : 779245-005

CUSTOMER NO: 7664206

#### FOREIGN FILINGS

NAME: BPREP 3400 NW 74TH AVENUE

UNIT 1 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

### **COVER LETTER**

TO:		ration Section n of Corporation	s				
SUBJE		REP 3400 NW 7-	Ith Avenue Unit 1 LLC				
			Name of Lim	ited Liability	Company		
The end Existen	closed "A ce, and cl	pplication by Fore heck are submitted	eign Limited Liability Company I to register the above reference	y for Authoriz ed foreign lim	ation to Transact B ited liability compa	usiness in Florida," Cert ny to transact business in	ificate of π Florida.
Please 1	return all	correspondence co	oncerning this matter to the foll	lowing:			
		Agnes Liu				בארך בארך 1905	
			Name	of Person		H.	
		Brookfield Prop	erty Group LLC			2019 MAY 24 VEC TANKELY VLL HASSELY	
			Firm/	Company		PM 4:	177
		181 Bay Street,	Suite 300			GRIDE ORIDE	
			A	ddress			
		Toronto, Ontario	o, M5J 2T3				
			City/State	and Zip Code	:	·	
		agnes.liu@brookf	ĭeld.com				
	-		E-mail address: (to be used for	r future annua	report notification	1)	
For furt	her infor	mation concerning	this matter, please call:				
	Agnes		ai	416 ! (	359 <b>-8586</b> )		
		Name of	Contact Person	Area Code	Daytime Tel	ephone Number	
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 (see, FL 32314			STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Tallahassee, FL 3	orations on Center Circle	
			e following amount: e to: FLORIDA DEPARTME	ENT OF STA	TE		
	□ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & E	\$160.00 Filing Fee, C of Status & Certified	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BPREP 3400 NW 74th	Limited Liability Company; must include "Limite	d Liability Com	ipany," "L.L.C.," or "LLC.	")
•		-		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate	: name must include "Limited L	ability Company," "L.L.C," or "LLC
Delaware				
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	3	(FEI nur	uber, if applicable)
Upon Registration				
<del>.</del>	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration) ne penalty liability	y)	
	Vesey Street, 15th Floor	Bro	okfield Place, 250 Ve	sey Street, 15th Floor
(Street Address of Principal Office)		6	(Mailing Address)	
New York, NY 10281	-1023	New	v York, NY 10281-10	23
	<del></del>			<u> </u>
				201
				SH <sub>2</sub>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	table)	SSE SSE
				المد الأولا أي على المي الميان
Name:	Corporation Service Co	mpany		THE FLORID
Name.	· · · · · · · · · · · · · · · · · · ·		_	
Office Address:	1201 Hays Street			_
	Tallahassee		32301	
			, Florida (Zip co	
	(City)		(Zip co	de i

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 resistered agent.

Lydia Cohen and accept the obligations of my position as registered agent. Asst. Vice President

(Registered agent's signature)

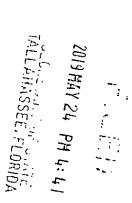
8. For initial index manage [up to six (6	ing purposes, list names, title or capacity and add total]:	dresses of the primary m	embers/managers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: John Morgan	Manager	Name: Paul Roeser
Member	Address: Brookfield Place, 250 Vesey St.	Member	Address: Brookfield Place, 250 Vesey St
Authorized	15th Floor, New York, NY 10281-1023	Authorized	15th Floor, New York, NY 10281-1023
Person		Person	
Other Senior VP	Other	Other Senior VP	Other
☐Manager	Name:	☐ Manager	Name:
□Member	Address: Brookfield Place, 250 Vesey St.	Member	Address: Brookfield Place, 250 Vesey St
Authorized	15th Floor, New York, NY 10281-1023	Authorized	15th Floor, New York, NY 10281-1023
Person		Person	
Other_Senior VP	Other	Other Vice Presid	lent Other
Manager	Name: Sara Beugelmans	Manager	Name: Sujoy Gupta
Member	Address: Brookfield Place, 250 Vesey St.	☐ Member	Address: Brookfield Place, 250 Vesey St
Authorized	15th Floor, New York, NY 10281-1023	Authorized	15th Floor, New York, NY 10281-1023
Person		Person	
Other Senior VP	Other	Other Vice Presid	ent Other
<ul><li>indexed individuals</li><li>9. Attached is a certifurisdiction under the of the translator mus</li><li>10. This document is</li></ul>	se an attachment to report more than six (6). The may be added to the index when filing your Flor ficate of existence, no more than 90 days old, due law of which it is organized. (If the certificate it be submitted)  s executed in accordance with section 605.0203 (ment to the Department of State constitutes a third	ida Department of State ally authenticated by the distinction in a foreign language.  I) (b), Florida Statutes. I degree felony as provide	Annual Report form.  official having custody of records in the a translation of the certificate under oath
	Jennifer Victor, Senior Vice President	are authorisative pres MH	

Typed or printed name of signee

# BPREP 3400 NW 74TH AVENUE UNIT 1 LLC

# Section 8 – Attachment – Officers (...Continued)

Name	Position	Address
Herbert Li	Vice President	Brookfield Place 250 Vesey Street, 15 <sup>th</sup> Floor New York, NY 10281-1023
James Zysopoulos	Vice President	Brookfield Place 250 Vesey Street, 15 <sup>th</sup> Floor New York, NY 10281-1023





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BPREP 3400 NW 74TH AVENUE UNIT 1 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-THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BPREP 3400 NW 74TH AVENUE UNIT 1 LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2019.

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



7422126 8300 SR# 20194461033

Authentication: 202889412

Date: 05-23-19