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B KINSEY

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 819490 4330802

AUTHORIZATION

COST LIMIT : U\$\160.00

ORDER DATE: June 24, 2019

ORDER TIME : 3:14 PM

ORDER NO. : 819490-005

CUSTOMER NO: 4330802

FOREIGN FILINGS

NAME: UNIVERSITY MALL PORTWOOD RESI

LLC

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: Lydia Cohen -- EXT# 62974

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	niversity Mall P	ortwood Resi LLC						
	<u></u>	Name o	f Limited Liability	Company				
The enclosed "A Existence, and o	Application by F theck are submit	oreign Limited Liability Cor ted to register the above refe	mpany for Authoriz erenced foreign lim	zation to T nited liabili	ransact Business in I ty company to transa	Florida," act busin	Certifi ess in F	cate or
		concerning this matter to th						
	Barbara Silbe	rberg						
	<u>-</u>	1	Name of Person	_				
	c/o RD Mana	gement LLC						
			Firm/Company					
	810 Seventh A	Ave., 10th Floor						
		-	Address					
	New York, N	Y 10019	-					
		City/	State and Zip Code	 :	 .			
	stanzer@rdman	agement.com						
•	-	E-mail address: (to be use	ed for future annua	l report no	tification)			
For further infor	mation concerni	ng this matter, please call:						
Barbara	1 Silberberg		212 at (265-66	000, ext 278	₽	هيد.	
	Name	of Contact Person	Area Code	Day	time Telephone Nu	mberg	<u></u>	
Division Registra P.O. Bo Tallahas Enclosed is a che	ssee, FL 32314 ck for the follow	s ving amount:		Division Registrat Clifton B 2661 Exe	of Corporations of Corporations ion Section duilding ecutive Center Circle see, FL 32301	LIART OF STATE	JUN 24 AM 10: 47	PT FUT
□ \$125.	.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		■ \$160.00 Filing of Status & Certifi	Fee, Cer ied Copy	tificate ,	

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:

	ame adopted for the purpose of transacting business in F	orida. The alternate name must include "Limited L	is bility Company," "L L.C," or "LLC.")			
Delaware		3. 84-2106976				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nu	mber, if applicable)			
· 	(Date Control of the					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty liability)				
c/o RD Management L	nucreal Office)	6. c/o RD Management LLC				
810 Seventh Ave., 10th Floor		(Mailing Address) 810 Seventh Ave., 10th Floor				
New York, NY 10019		New York, NY 10019				
Name and street addres	s of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)				
Name:	Corporation Service Company		19 Al.1			
						
Office Address	1201 Hays Street		また。 第二年			
Office Address:	1201 Hays Street		UN 2L			
egistered agent's accep aving been named as re signated in this applicat comply with the provisi	Tallahassee (City) tance: gistered agent and to accept service of tion, I hereby accept the appointment accept of the proper	s registered agent and agree to ac	d liability company of the pl			
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egistered agent's acceptiving been named as resignated in this applicationally with the provisid accept the obligations. The name, title or capa Title or Capacity: Manager	Tallahassee (City) tance: gistered agent and to accept service of tion, I hereby accept the appointment at ons of all statutes relative to the proper of of my position as registered agent. Corporation Service Company By: (Registered agent's city and address of the person(s) who have and Address: MFB Realty LLC 810 Seventh Ave 10th Floor New York, NY 10019	process for the above stated limite is registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity:	d liability company of the plat in this candeny. If urther of duties, and am familiar w Lydia Cohen Asst. Vice President Name and Address:			

Signature of an authorized person

Stuart Rappaport, Esq.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UNIVERSITY MALL PORTWOOD RESI 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 ELEVENTH DAY OF JUNE, A.D. 2019.

Authentication: 203004307

Date: 06-11-19