

MI9000008985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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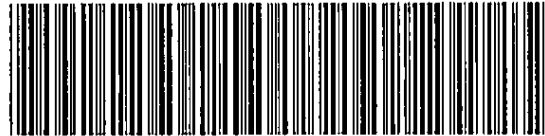
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SEP 18 2019

✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 918877 5029428

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : September 16, 2019

ORDER TIME : 11:27 AM

ORDER NO. : 918877-005

CUSTOMER NO: 5029428

FILED
2019 SEP 17 PM 4:46
TALLAHASSEE
FLORIDA

FOREIGN FILINGS

NAME: PEMBROKE SEARS ANCHOR PARCEL
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: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pembroke Sears Anchor Parcel LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mallory Reagan

Name of Person

Brookfield Properties

Firm/Company

350 N. Orleans Street, Suite 300

Address

Chicago, IL 60654-1607

City/State and Zip Code

mallory.reagan@brookfieldpropertiesretail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mallory Reagan

312

926-5533

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Pembroke Sears Anchor Parcel LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1580826
(FEI number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 350 N. Orleans Street
(Street Address of Principal Office)

6. 350 N. Orleans Street
(Mailing Address)

Suite 300

Suite 300

Chicago, IL 60654-1607

Chicago, IL 60654-1607

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.

Corporation Service Company
By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Jack R. Kanter
☐ Member Address: 350 N. Orleans Street
☒ Authorized Suite 300
Person Chicago, IL 60654-1607
☐ Other ☐ Other

☒ Manager Name: Jared Chupaila
☐ Member Address: 350 N. Orleans Street
☐ Authorized Suite 300
Person Chicago, IL 60654-1607
☐ Other ☐ Other

☐ Manager Name: Gregory Lynch
☐ Member Address: 350 N. Orleans Street
☒ Authorized Suite 300
Person Chicago, IL 60654-1607
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Stacie L. Herron
☐ Member Address: 350 N. Orleans Street
☐ Authorized Suite 300
Person Chicago, IL 60654-1607
☐ Other ☐ Other

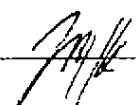
☒ Manager Name: James Cummings
☐ Member Address: 350 N. Orleans Street
☐ Authorized Suite 300
Person Chicago, IL 60654-1607
☐ Other ☐ Other

☐ Manager Name: Kathleen Courtis
☐ Member Address: 350 N. Orleans Street
☒ Authorized Suite 300
Person Chicago, IL 60654-1607
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PEMBROKE SEARS ANCHOR PARCEL 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEMBROKE SEARS ANCHOR PARCEL LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2018.

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

FILED
2019 SEP 17 PM 4:46
DELAWARE



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Jeffrey W. Bullock, Secretary of State

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