N.9001116

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					





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

ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: November 20, 2019

ORDER TIME : 1:40 PM

ORDER NO. : 057354-005

CUSTOMER NO: 7814304

FOREIGN FILINGS

NAME: CH RETAIL FUND II/TAMPA CAUSEWAY SHOPPES, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	CH Retail Fund II/Tan	npa Causeway	Shoppes, L.L.C.			
	Name of Lin	Company				
The enclosed "/ Existence, and o	Application by Foreign Limited Liability Compan check are submitted to register the above reference	y for Authoriz ed foreign lim	ation to Transact Business in Florida ited liability company to transact bus	," Certificate of iness in Florida.		
Please return all	correspondence concerning this matter to the fol	lowing:				
		ise Cottle	-1 (C	2		
	Name of Person					
	Name of Person Crow Holdings Capital Partners, L.L.C.					
	Firm	/Company	111. 111.	N 20, PH		
	3819 Ma	ple Avenue		TT 13		
	A	ddress	ご::- ン	້ ພ		
	Dallas, 7	Texas 75219				
	City/State	and Zip Code	•	-		
		rowholdings.c				
	E-mail address: (to be used fo	r future annua	report notification)	-		
For further infor	mation concerning this matter, please call:					
	David Crites	214	661-8228			
	Name of Contact Person	Area Code	Daytime Telephone Number	•		
Divisio Registra P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPARTME 15.00 Filing Fee \$\square\$ \$130.00 Filing Fee &	_	TE Filing Fee & \$160.00 Filing	Fee, Certificate		
Certificate of Status Certified Copy of Status & Certified Copy						

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	mpa Causeway Shoppes, L.L.C.			
(Name of Foreign	Limited Liability Company, must include "Lim	ited Liability Company,"	"L.L.C.," or "LLC."	
				2019 TAT
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in	Florida. The alternate name m	ust include "Limited Lis	ability Company, "L.L.C," or "LLC."
Delaware 2.		3.		01/20
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u> </u>	(FE! naum	ber, if applicable)
Upon filing				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S., to deter	to registration.)	-	
- ·	Dallas, Texas 75219	,	ple Avenue, Da	illas, Texas 75219
(Street Address of I	(Street Address of Principal Office)		(Mailing Add	ress)
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street	<u>. </u>		
	Tallahassee	, Flo	32301 orida	
	(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.

Roxanne Turner Asst. Vice President

(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: Retail Managers II, L.L.C. Manager Name: 3819 Maple Avenue Address: Address: _ Dallas, Texas 75219 Authorized ☐ Authorized Person Person Other_ Other____ ☐Other Name: _____ Manager Name: Member Address: _____ Member Address: Authorized Authorized Person Person Other Other____ Other Other___ Manager Name: Mcmber Address: ☐ Member Address: Authorized ☐ Authorized Person Person Other Other_____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 aith rized person Samuel E. Peck/Vice President of Retail Managers II, L.L.C., manager of

CH Retail Fund II/Tampa Causeway Shoppes, L.L.C.

Typed or printed name of signee

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CH Retail Fund II/Tampa Causeway Shoppes, L.L.C.					
0000	Name of Limited Liability Company					
Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," nce, and check are submitted to register the above referenced foreign limited liability company to transact business.	Certificate of ess in Florida				
Please	return all correspondence concerning this matter to the following:					
	Denise Cottle					
	Name of Person					
	Crow Holdings Capital Partners, L.L.C. Firm/Company 3819 Maple Avenue	-,				
	Firm/Company 2	[] 				
	Address					
	Address Dallas, Texas 75219					
	City/State and Zip Code					
	dcottle@crowholdings.com					
	E-mail address: (to be used for future annual report notification)					
For furt	her information concerning this matter, please call:					
	David Crites 214 661-8228					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE					
	\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& \Bigcup \\$155.00 Filing Fee \& \Bigcup \\$160.00 Filing Fee \& \Bigcup \\$1					

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CH RETAIL FUND II/TAMPA CAUSEWAY

SHOPPES, L.L.C." 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 TWENTIETH DAY OF

NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH RETAIL FUND

II/TAMPA CAUSEWAY SHOPPES, L.L.C." WAS FORMED ON THE NINETEENTESDAY

OF NOVEMBER, A.D. 2019.

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

Authentication: 204048493

Date: 11-20-19