Maccoos





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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 235416 4305966

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 19, 2020

ORDER TIME : 2:40 PM

ORDER NO. : 235416-005

CUSTOMER NO: 4305966

FOREIGN FILINGS

NAME: BPREP 9858 SIDNEY HAYES ROAD

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
		BPREP 9858 Sidney Hayes Road LLC

JBJECT:	Nam	e of Limited Liability Company			
ne enclosed "A sistence, and cl	pplication by Foreign Limited Liability heck are submitted to register the above	Company for Authorization to Transact B referenced foreign limited liability compa	usiness in Florida," (iny to transact busine	Certificate ss in Flori	
ease return all	correspondence concerning this matter t	to the following:			
		Amy Bird			
		Name of Person			
	Brookfield Property Group LLC		2020 SEI TALL		
		Firm/Company	A-10 A	77	
	Firm/Company c/o Brookfield Property Group, Brookfield Place, 250 Vesey Street, 15th FloorSSR				
	Address			FILED	
	New York, NY 10281-1023				
	City/State and Zip Code				
	amy.bird@brookfieldproperties.com				
-	E-mail address: (to be	e used for future annual report notification)		
r further infor	mation concerning this matter, please ca	11:			
		at ()			
	Name of Contact Person	Area Code Daytime Tel	lephone Number		
	Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallah	assee, FL 32314	2415 N. Monroe Street, Suite Tallahassee, FL 32303	810		
Please r	d is a check for the following amount: make check payable to: FLORIDA DEP 5.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🗀 \$	160.00 Filing Fee, Co of Status & Certifi		

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:

	BPREP 9858 Sidney Hayes F				
(Name of Foreign	Eimited Liability Company; must include "Limite	ed Liability Co	mpany," "L.L.C.," or "El	.C.")	
name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	Torida. The alter	nate name must include "Lim	ited Liability Compar	ny," "L.L.C," or "
Delaware		2			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥	(FE	number, if applicant	<u>3</u>
Upon filing.				ECKETARY LLAHASSE	<u> </u>
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liabi	lity)	SSE	5 <u> </u>
c/o Brookfield Prope	rty Group LLC	Sa	ime	rn E.Fl	
rect Address of Principal Office)	<u> </u>	0	(Mailing Address)	STA:	
Brookfield Place, 250	Vesey St., 15th Floor			TATE ORIDA	<u>7</u>
New York, NY 10281					
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acce	eptable)		
Name:	Corporation Service Company		_		
Office Address:	1201 Hays Street		<u> </u>		
	Tallahassee		32301		
	(City)		, Florida (Zip eo	de)	

ree

(Registered agent's signature)

Kadesha Roberson 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:	Title or Capacity:	Name and Address:
□Manager	Name:	■Manager	Name: BPREP Industrial Sub-Holding
□Member	Address: c/o Brookfield Property Group	■Member	Address: c/o Brookfield Property Grou
□Authorized	250 Vesey St., 15th Floor	□Authorized	250 Vesey St., 15th Floor
Person	New York, NY 10281	Person	New York, NY 10281
Senior VP		Other	□Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address: 400 Address: 400 Address: 400 Address
□Authorized		□Authorized	Address: HAR J
Person		Person	
Other	Other	□Other	PH Lines COP STATE CORIDA
□Manager	Name:	□Manager	Name:
□Member	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. 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

Jennifer Victor/Senior VP of Sole Shareholder

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BPREP 9858 SIDNEY HAYES ROAD 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 NINETEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXESCHAVE BERNY ASSESSED TO DATE.

Authentication: 202619448

Date: 03-19-20