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| (Reque | estor's Name) | |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Film | ng Officer: | |
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Office Use Only



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SCOMMERSE OF COMME



8/0/0/20

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 3793,57 / 8294052

AUTHORIZATION: Signelli Man

COST LIMIT : \$ 125.00

ORDER DATE : August 6, 2020

ORDER TIME : 9:11 AM

ORDER NO. : 379357-005

CUSTOMER NO: 8294052

FOREIGN FILINGS

NAME: BROOKFIELD PROPERTIES

MULTIFAMILY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: ___

COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: _ | Brookfield Properties Multifamily LLC Name | e of Limited Liability Company | | | |
|----------------------|--|--|------------------------------------|--|--|
| | | Company for Authorization to Transact Business in Flo referenced foreign limited liability company to transact | | | |
| Please return a | all correspondence concerning this matter to | o the following: | | | |
| | | Name of Person | | | |
| | | Firm/Company | <u></u> | | |
| | Address Address AUG | | | | |
| | City/State and Zip Code | | | | |
| For further inf | E-mail address: (to be formation concerning this matter, please cal | e used for future annual report notification) | £ | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Numb | oer | | |
| Regi Divi P.O. | ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Pleas | osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee \$130.00 Filing Fee Certificate o | e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing | Fee, Certificate Certified Copy | | |

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:

| (Name of Foreign Limited Erability Company; must Iff name unavailable, enter alternate name adopted for the purpose of transa Delaware 2. (Durisdiction under the law of which foreign limited liability company 4. (Date first transacted business in (See sections 605 0904 & 605 09 250 Vesey Street, 15th Floor 5. (Street Address of Principal Office) New York, NY 10281 7. Name and street address of Florida registered ager | 3. Florida, if prior to registration (95, F.S. to determine penalty) | alternate name must include "I | Limited Liability Com | | C," or "LLC." |
|---|---|---|-------------------------|------------------|---------------------------|
| Delaware 2. (Durisdiction under the law of which foreign limited liability company) 4. (Date first transacted business in (See sections 605 0904 & 605 0905) 250 Vesey Street, 15th Floor 5. (Street Address of Principal Office) New York, NY 10281 | 3. is organized) Florida, if prior to registration 05, F.S. to determine penalty | on.) V liability) 127 Public Square | (FEI number, if applica | | C," or "LLC." |
| 2. (Durisdiction under the law of which foreign limited hability company 4. (Date first transacted business in (See sections 605 0904 & 605 09 250 Vesey Street, 15th Floor 5. (Street Address of Principal Office) New York, NY 10281 | Florida, if prior to registration 105, F.S. to determine penalty | n.) y hability) 127 Public Square | | able) 7,1120 A | |
| (Date first transacted business in (See sections 605 0904 & 605 0905 0904 & 605 0905 0905 0905 0905 0905 0905 0905 | Florida, if prior to registration 105, F.S. to determine penalty | n.) y hability) 127 Public Square | | 2,112 0 A | |
| (Date first transacted business in (See sections 605 0904 & 605 09 09 09 09 09 09 09 09 09 09 09 09 09 | | 127 Public Square | Suite 3200 | 2020 A | <i>-1.</i> |
| 250 Vesey Street, 15th Floor 5. (Street Address of Principal Office) New York, NY 10281 | | 127 Public Square | Suite 3200 | 20 A | |
| Street Address of Principal Office) New York, NY 10281 | _ 6. | 127 Public Square | Suite 3200 " | 1 | |
| New York, NY 10281 | - | | 1 | us - | ا ا معاد بد ده سهای |
| | | (Mailing Address) | \$ | | |
| 7. Name and street address of Florida registered ager | _ | Cleveland, OH 441 | 114 | 77 | رو و مصنب اسمان |
| 7. Name and street address of Florida registered ager | - | | | 1. ±. | |
| 7. Ivalite and street address of Florida registered ager | r (P () Bay NOT | nagentable) | - | | |
| <u> </u> | 1. (P.O. BOX <u>NOT</u> | acceptable) | | | |
| Corporation Service Co | ompany | | | | |
| 1201 Hays Street Office Address: | | | | | |
| Tallahassee | | 3230 , Florida | 01 | | |
| | City) | | ip 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.

KADESHA ROBERSON, 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: Title or Capacity: Name and Address: Name and Address: Name: Sujoy Gupta Name: Amanda Seewald ■Manager ■Manager Address: ____ Address: 127 Public Sq Ste 3200 □Member □ Member New York, NY 10281 Cleveland, OH 44114 □ Authorized □ Authorized Person Person □Other_____ \square Other___ □Other__ □Other___ □Manager Name: □ Manager ☐ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other □Other □Other____ Name: ______ □Manager □Manager □Member Address: Address: □Member □ 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. Amanda Seewald

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BROOKFIELD PROPERTIES MULTIFAMILY 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 SIXTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKFIELD PROPERTIES MULTIFAMILY LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

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Authentication: 203421735

Date: 08-06-20