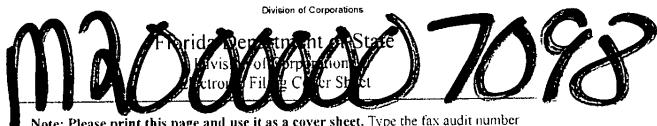
8/13/2020



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Division of Corporations

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: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

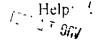
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Foreign Limited Liability Company Seaside Center Operations LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu



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

IN COMPLIANCE WITH SECTION 6/6/0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Seaside Center Operations LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C," or "L.L.C," or "L.L.C," Delaware (Jurisdiction under the law of which foreign limited liability cumpany is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2123 Centre Point Boulevard 2123 Centre Point Boulevard (Mailing Address) (Street Address of Principal Office) Tallahassee, FL 32308 Tallahassee, FL 32308 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 James M. Halpin and accept the obligations of my position as registered agent. C T Corporation System Assistant Secretary

(Registered agent's signature)

To: Page 4 of 5

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	<u> </u>	Name and Address
∏Manager	Name: Seaside Center Operations Holdings LLC	□Manager -	Name:	
■Mcmber	Address: 2123 Centre Point Boulevard	□Member .	Address:	
	Tallahassee, FL 32308	. [] Authorized		
Person		Person		
□Other	□Other	Other		□Other
	·			
l Manager .	Name:	□Manager	Name:	
]Member	Address:	∐Member	Address:	· · · · · · · · · · · · · · · · · · ·
Authorized		□Authorized		
Person		Person		
Other	□Other	□ Other		Other
		•		
]Manager	Name:	Manager	Name:	
]Member	Address:	□Member	. Address:	
JAuthorized		☐ Authorized		
Person -		Person		
	Other	□Other	·	□Other

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

Daniel Gottesman, Authorized Person

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SEASIDE CENTER OPERATIONS 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 THIRTEENTH DAY OF AUGUST, A.D. 2020.

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

e at corp.delaware.gov/auth

Authentication: 203466421

Date: 08-13-20