

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H200003111003)))



H200003111003ABCI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000030023
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.

Email Address: _____

Foreign Limited Liability Company
Royal Eagle Plaza LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2020 SEP -8 PM 1:14

2020 SEP -8 PM 1:14

2020 SEP -8 PM 1:14

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 08 2020

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSMIT BUSINESS IN THE STATE OF FLORIDA:

1. Royal Eagle Plaza L.L.C.
(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. D/B/A
(If name is applicable)

4. (State first in which business is located, if new to jurisdiction)
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. 180 E Broad St, 21st Floor
(Street Address of Principal Office)

6. c/o Corporate Paralegal
(Mailing Address)

Columbus, OH 43215

111 Monument Circle, Suite 3500

Indianapolis, IN 46204

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Stephanie Boehm

Stephanie Boehm, Assistant Secretary

(Registered agent's signature)

FILED
2020 SEP -8 PM 12:56
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

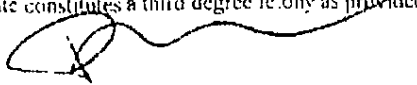
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Louis G. Conforti	<input type="checkbox"/> Manager	Name: Mark E. Yale
<input type="checkbox"/> Member	Address: 150 E Broad St., 21st Floor	<input type="checkbox"/> Member	Address: 180 E Broad St., 21st Floor
<input type="checkbox"/> Authorized	Columbus, OH 43215	<input type="checkbox"/> Authorized	Columbus, OH 43215
Person		Person	
<input checked="" type="checkbox"/> Other Officer	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Officer	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Robert P. Demchak	<input type="checkbox"/> Manager	Name: Melissa A. Indest
<input type="checkbox"/> Member	Address: 180 E Broad St., 21st Floor	<input type="checkbox"/> Member	Address: 180 E Broad St., 21st Floor
<input type="checkbox"/> Authorized	Columbus, OH 43215	<input type="checkbox"/> Authorized	Columbus, OH 43215
Person		Person	
<input checked="" type="checkbox"/> Other Officer	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Officer	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Joshua Lindmore	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 150 E Broad St., 21st Floor	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Columbus, OH 43215	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other Officer	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Robert P. Demchak, Executive Vice President, General Counsel and Corp. Sec.

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ROYAL EAGLE PLAZA 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 EIGHTH DAY OF SEPTEMBER, A.D. 2020.

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



7704017 8300

SR# 20207147116

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203609691

Date: 09-08-20