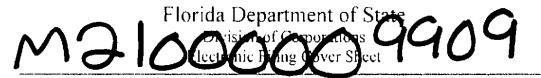
From: Kimberly Laughrey

8/2/2021

Division of Corporations



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.

(((H210002927313)))



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

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

F	Address:			
CIRALL	AUDITESS:			

## Foreign Limited Liability Company RGMZ MARKETPLACE OF DELRAY OP 3 MD LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

in () 3 7021

From: Kimberly Laughrey

DocuSign Envelope tO: 7A2FD4FE-5A22-45B2-AEDB-625A06659F52

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

IN COMPILANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RGMZ Marketplace of (Name of Toreign	Defray OP 3 MD LLC. Limited Embility Company; must include "Limite	rd Liability	: Company," "L.L.C.," or "LLC.")	_		
f name mussalable, enter alternate o	name adopted for the purpose of transacting husiness in F	louda the	alternate name must include "Limited I sability	Company,"	"LUC" or "I	
Delaware		3.				
Durisdiction under the law of which foreign limited liability company is organized)			(FEI number, d'a	(FEI number, if applicable)		
July 19, 2021						
	(Date first transacted business in Florida, if prior to (See sections 605,690) & 605,0905, E.S. to determ	registration	() liability)	-		
c/o RPT Realty, Inc.		,	c/o RPT Realty, Inc.			
		n.	(Mailing Address)			
19 W. 44th Street, Suite 1002			19 W. 44th Street, Suite 1002			
New York, New York 10036		New York, New York 10036			~	
		,		<del></del>	1211	
Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> :	icceptable)	. •		
Name:	C T Corporation System				-2	
indiffe.	1200 C Div. 1.1 1 D 2		<del></del>		AH II:	
Office Address:	1200 South Pine Island Road			•	CT	
	Plantation		33324 , Florida		0	
	(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 and accept the obligations of my position as registered agent.

By: Reflex # Willia (Registered agent's signature)

Stephen Rullis, Vice President

OccuSign Envelope ID: 7A2FD4FE-5A22-4582-AED8-625A06659F52

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Brian Harper	□Manager	Name:
□Member	Address: 19 W. 44th Street, Suite 1002		Address: 19 W. 44th Street. Suite 1002
□Authorized	New York, New York 10036	□Authorized	New York, New York 10036
Person		Person	
■ Other	CEOOther	EOther	OgOther
□Manager	Name:	□ Manager	Name: Heather Ohlberg
□Member	Address: 19 W. 44th Street, Suite 1002		Address:19 W. 44th Street, Suite 1002
□Authorized	New York, New York 10036	Authorized	New York, New York 10036
Person		Person	
□Other		<b>Z</b> Other EVP & GC	Other
□Manager	Name: Raymond Merk	⊡Manager	Name:
□Member	Address: 19 W. 44th Street, Suite 1002	□Member	Address:
□Authorized	New York, New York 10036	Authorized	
Person		Person	
SVP & CA	O Other	Other	Other
<ol> <li>Attached is a cert jurisdiction under th of the translator mus</li> <li>This document i</li> </ol>	se an attachment to report more than six (6). The may be added to the index when filing your Flaticate of existence, no more than 90 days old, a law of which it is organized. (If the certificate it he submitted)  sexequicity in accordance with section 605.020 ment to the Department of State constitutes a the ANASCODGS (145A).	orida Department of State duly authenticated by the le is in a foreign language. 3 (1) (b). Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under oath.  I am aware that any false information.

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "RGMZ MARKETPLACE OF DELRAY OP 3 MD

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 SECOND DAY OF AUGUST, A.D. 2021.

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

Authentication: 203818987

Date: 08-02-21