

8/2/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

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.****

Email Address: _____

Foreign Limited Liability Company

RGMZ WEST BROWARD SHOPPING CENTER OP 2 WA LLC

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

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8/3/2021

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RGMZ West Broward Shopping Center OP 2 WA 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 "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (E.L. number, if applicable)

4. July 19, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o RPT Realty, Inc. 6. c/o RPT Realty, Inc.
(Street Address of Principal Office) (Mailing Address)
19 W. 44th Street, Suite 1002 19 W. 44th Street, Suite 1002
New York, New York 10036 New York, New York 10036

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 33324
Florida
(City) (Zip code)

2021 AUG -2 PM 12:04

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: Stephen Rullis
(Registered agent's signature)
Stephen Rullis, Vice President

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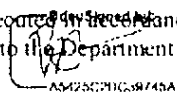
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Brian Harper</u>	☐ Manager	Name: <u>Timothy Collier</u>
☐ Member	Address: <u>19 W. 44th Street, Suite 1002</u>	☐ Member	Address: <u>19 W. 44th Street, Suite 1002</u>
☐ Authorized	<u>New York, New York 10036</u>	☐ Authorized	<u>New York, New York 10036</u>
Person	_____	Person	_____
☒ Other <u>President & CEO</u>	☐ Other _____	☒ Other <u>EVP Leasing</u>	☐ Other _____
☐ Manager	Name: <u>Michael Fitzmaurice</u>	☐ Manager	Name: <u>Heather Ohlberg</u>
☐ Member	Address: <u>19 W. 44th Street, Suite 1002</u>	☐ Member	Address: <u>19 W. 44th Street, Suite 1002</u>
☐ Authorized	<u>New York, New York 10036</u>	☐ Authorized	<u>New York, New York 10036</u>
Person	_____	Person	_____
☒ Other <u>CFO</u>	☐ Other _____	☒ Other <u>EVP & GC</u>	☐ Other _____
☐ Manager	Name: <u>Raymond Merk</u>	☐ Manager	Name: _____
☐ Member	Address: <u>19 W. 44th Street, Suite 1002</u>	☐ Member	Address: _____
☐ Authorized	<u>New York, New York 10036</u>	☐ Authorized	_____
Person	_____	Person	_____
☒ Other <u>SVP & CAO</u>	☐ 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.


AM25C70C39745A

Signature of an authorized person

Brian Harper, President & CEO

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RGMZ WEST BROWARD SHOPPING CENTER OP 2
WA 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.



6094962 8300

SR# 20212863594

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

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

Authentication: 203818990

Date: 08-02-21