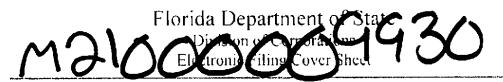
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From: Kimberly Laughrey

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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Foreign Limited Liability Company RGMZ MARKETPLACE OF DELRAY OP 6 PO LLC

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To: 18506176383 Page: 3 of 5 2021-08-02 13:18:56 CST 12122023573

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

From: Kimberly Laughrey

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANS-ICT BUSINESS IN THE STATE OF FLORIDA:

1. RGMZ Marketplace of					
(Name of Foreign	Limited Fiability Company; must include "Limite	ed Liabili	ty Company," "Ld.,C.," or "LLC.")		
If name anavailable, onter alternate of	name adopted for the purpose of transacting hismess in F	Horida His	alternate name most meliide "Limited Limbility	Company," "LA, C," or "Lt.C."	
Delaware Distribution under the law of which foreign limited liability company is organized)		3	(FEI number, if a	(FEI number, if applicable)	
July 19, 2021					
•	(Date first transacted business in Florida, if prior ic (See sections 605,0901 & 605,0905, F.S. ta detern	registratio	n) (liability)	-	
c/o RPT Realty, Inc.		6.	e/o RPT Realty, Inc.		
Street Address of Frincipal Office)			(Mailing Address)		
19 W. 44th Street, Suit	e 1002		19 W. 44th Street, Suite 1002		
New York, New York 19036		New York, New York 10036			
J. Name and street address	s of Florida registered agent: (P.O. Bo)	x <u>NOT</u>	acceptable)	2021 AUG	
Name:	C T Corporation System		<u></u> .	-2	
Office Address:	1200 South Pine Island Road			FH 2:	
	Plantation		33324 , Florida	23	
	(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 positionals registered agent.

By: Appen Hulls
(Registered agent's signature)

Stephen Rullis, Vice President

Ta: 18506176383

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

8.	For initial indexing purposes, list names	, title or capacity a	ind addresses of the primar	y members/managers or	persons authorized to
ma	unage [up to six (6) total]:				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Brian Harper	∏ Manager	Name:Timothy Collier
□Member	Address: 19 W, 44th Street, Suite 1002	□Member	Address: 19 W, 44th Street, Suite 1002
□Authorized	New York, New York 10036	☐ Authorized	New York, New York 10036
Person		Person	
☑OtherPresident &	CEO □Other	Other EVP Leasing	S Other
□Manager	Name: Michael Fitzmauriee	□Manager	Name:
	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		EVP & GC 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

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 Presequentaince 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			
Brian Harper,	President & CEO		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "RGMZ MARKETPLACE OF DELRAY OP 6 PO

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.

and some delaware son/author

Authentication: 203818993

Date: 08-02-21