

8/2/2021

Division of Corporations

Florida Department of State  
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Division of Corporations  
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**Foreign Limited Liability Company**  
**RGMZ MARKETPLACE OF DELRAY OP 6 PO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. RCIMZ Marketplace of Delray OP 6 PO 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEL number, if applicable)

4. July 19, 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. c/o RPT Realty, Inc.  
(Street Address of Principal Office)

6. c/o RPT Realty, Inc.  
(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, 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.

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>
<input type="checkbox"/> Manager	Name: <u>Brian Harper</u>	<input type="checkbox"/> Manager	Name: <u>Timothy Collier</u>
<input type="checkbox"/> Member	Address: <u>19 W. 44th Street, Suite 1002</u>	<input type="checkbox"/> Member	Address: <u>19 W. 44th Street, Suite 1002</u>
<input type="checkbox"/> Authorized	<u>New York, New York 10036</u>	<input type="checkbox"/> Authorized	<u>New York, New York 10036</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>President &amp; CEO</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>EVP Leasing</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Michael Fitzmaurice</u>	<input type="checkbox"/> Manager	Name: <u>Heather Ohlberg</u>
<input type="checkbox"/> Member	Address: <u>19 W. 44th Street, Suite 1002</u>	<input type="checkbox"/> Member	Address: <u>19 W. 44th Street, Suite 1002</u>
<input type="checkbox"/> Authorized	<u>New York, New York 10036</u>	<input type="checkbox"/> Authorized	<u>New York, New York 10036</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>EVP &amp; GC</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Raymond Merk</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>19 W. 44th Street, Suite 1002</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>New York, New York 10036</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>SVP &amp; CAO</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

**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.

  
AS47562/10036/45A

Signature of an authorized person

Brian Harper, President & CEO

Typed or printed name of signee

# Delaware

The First State

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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.



6094833 8300

SR# 20212863601

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203818993

Date: 08-02-21