

8/23/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M210003152363

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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
BDPF RETAIL HOLDCO REIT LLC

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

2021 SEP 13 PM 3:14

JULIUS ROBERT
TALLAHASSEE, FLORIDA

2021 SEP 13 PM 11:30

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Help

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

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

1. BDPF Retail Holdco REIT 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. 87-1466266
(EIN number, if applicable)

4. June 30, 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 NewTower Trust Company
(Street Address of Principal Office)

6. c/o NewTower Trust Company
(Mailing Address)

7315 Wisconsin Avenue, Suite 350W
Bethesda, MD 20814

7315 Wisconsin Avenue, Suite 350W
Bethesda, MD 20814

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

Name: C T Corporation System

Office Address: 1206 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.

C T CORPORATION SYSTEM BY KIM LAUGHREY ASSISTANT SECRETARY

(Registered agent's signature)

Kim Laughrey

2021 SEP 13 AM 11:30

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>Robert B. Edwards</u>	<input type="checkbox"/> Manager	Name: <u>Amy Price</u>
<input type="checkbox"/> Member	Address: <u>c/o NewTower Trust Company</u>	<input type="checkbox"/> Member	Address: <u>c/o BentallGreenOak</u>
<input type="checkbox"/> Authorized	<u>7315 Wisconsin Avenue, Suite 350W</u>	<input type="checkbox"/> Authorized	<u>600 California Street, Suite 560</u>
Person	<u>Bethesda, MD 20814</u>	Person	<u>San Francisco, CA 94108</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Tim Bolla</u>	<input type="checkbox"/> Manager	Name: <u>Mark Reinikka</u>
<input type="checkbox"/> Member	Address: <u>c/o BentallGreenOak</u>	<input type="checkbox"/> Member	Address: <u>c/o BentallGreenOak</u>
<input type="checkbox"/> Authorized	<u>7315 Wisconsin Avenue, Suite 200W</u>	<input type="checkbox"/> Authorized	<u>1201 Third Avenue, Suite 1000</u>
Person	<u>Bethesda, MD 20814</u>	Person	<u>Seattle, WA 98101</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Janie McCue</u>	<input type="checkbox"/> Manager	Name: <u>Alonia Carey</u>
<input type="checkbox"/> Member	Address: <u>c/o BentallGreenOak</u>	<input type="checkbox"/> Member	Address: <u>c/o BentallGreenOak</u>
<input type="checkbox"/> Authorized	<u>1201 Third Avenue, Suite 1000</u>	<input type="checkbox"/> Authorized	<u>379 Park Ave., Floor 18</u>
Person	<u>Seattle, WA 98101</u>	Person	<u>New York, NY 10022</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Sr. Director, Tax</u>	<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 B. Edwards

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BDPF RETAIL HOLDCO REIT 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 TWENTIETH DAY OF AUGUST, A.D. 2021.

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



6047864 8300

SR# 20213042836

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 in a small font.

Authentication: 203976238

Date: 08-20-21