

To: +18506176380

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2021-12-29 11:20:53 CST

Burr and Forman

From: Tipson, Lori

12/29/21, 11:26 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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 (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : BURR & FORMAN LLP  
 Account Number : I19990000278  
 Phone : (407)540-6600  
 Fax Number : (407)540-6601

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

Email Address: L.Tipson@burr.com

**Foreign Limited Liability Company  
 SCC Boca Raton Outparcel LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

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Burr and Forman

From: Tipson, Lori

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCC Boca Raton Outparcel LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lori Tipson

\_\_\_\_\_  
Name of Person

Burr & Forman LLP

\_\_\_\_\_  
Firm/Company

201 N. Franklin Street, Suite 3200

\_\_\_\_\_  
Address

Tampa, FL 33602

\_\_\_\_\_  
City/State and Zip Code

LTipson@burr.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Tipson

813

367-5742

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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Burr and Forman

From: Tipson, Lori

(((1121000471304 3)))

# 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. SCC Boca Raton Outparcel LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (ITC number, if applicable)

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

5. 3300 Enterprise Parkway 6. 3300 Enterprise Parkway  
(Street Address of Principal Office) (Mailing Address)

Beachwood, OIT 44122

Beachwood, OIT 44122

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  
(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.

Nichol McCroy Nichol McCroy, Assistant Secretary  
(Registered agent's signature)

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2021 DEC 29 PM 3:35  
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From: Tipson, Lori

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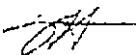
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Connor M. Fennerty</u>      | <input type="checkbox"/> Manager                         | Name: <u>John M. Cattamar</u>        |
| <input type="checkbox"/> Member                                  | Address: <u>3300 Enterprise Pkwy</u> | <input type="checkbox"/> Member                          | Address: <u>3300 Enterprise Pkwy</u> |
| <input type="checkbox"/> Authorized                              | <u>Beachwood, OH 44122</u>           | <input type="checkbox"/> Authorized                      | <u>Beachwood, OH 44122</u>           |
| Person                                                           |                                      | Person                                                   |                                      |
| <input checked="" type="checkbox"/> Other <u>EVP/CFO/Treasur</u> | <input type="checkbox"/> Other       | <input checked="" type="checkbox"/> Other <u>SVP</u>     | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Manager                                 | Name: <u>April M. Ehrenbein</u>      | <input type="checkbox"/> Manager                         | Name: <u>Joseph E. Chura</u>         |
| <input type="checkbox"/> Member                                  | Address: <u>3300 Enterprise Pkwy</u> | <input type="checkbox"/> Member                          | Address: <u>3300 Enterprise Pkwy</u> |
| <input type="checkbox"/> Authorized                              | <u>Beachwood, OH 44122</u>           | <input type="checkbox"/> Authorized                      | <u>Beachwood, OH 44122</u>           |
| Person                                                           |                                      | Person                                                   |                                      |
| <input checked="" type="checkbox"/> Other <u>Sr. Dir of Tax</u>  | <input type="checkbox"/> Other       | <input checked="" type="checkbox"/> Other <u>SVP</u>     | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Manager                                 | Name: <u>David R. Lukes</u>          | <input type="checkbox"/> Manager                         | Name: <u>Aaron M. Kittowski</u>      |
| <input type="checkbox"/> Member                                  | Address: <u>3300 Enterprise Pkwy</u> | <input type="checkbox"/> Member                          | Address: <u>3300 Enterprise Pkwy</u> |
| <input type="checkbox"/> Authorized                              | <u>Beachwood, OH 44122</u>           | <input type="checkbox"/> Authorized                      | <u>Beachwood, OH 44122</u>           |
| Person                                                           |                                      | Person                                                   |                                      |
| <input checked="" type="checkbox"/> Other <u>President/CEO</u>   | <input type="checkbox"/> Other       | <input checked="" type="checkbox"/> Other <u>EVP/Sec</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

Erin Hewitt

Typed or printed name of signer

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Burr and Forman

From: Tipson, Lon

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## Authorized Person(s) Detail Continued:

Title: EVP  
Name: Christa A. Vesey  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: VP  
Name: Daniel E. Branigan  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: Deputy General Counsel  
Name: Michael S. Owendoff  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: Deputy General Counsel  
Name: Maria Manley-Dutton  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: Deputy General Counsel  
Name: Eric C. Cotton  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: SVP  
Name: Stephen M. Bakke  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: SVP  
Name: Kim M. Scharf  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: Sole Member  
Name: Site Centers Corp.  
Address: 3300 Enterprise Parkway  
City-State-Zip: Beachwood, OH 44122

Title: Authorized Person  
Name: Erin Hewitt  
Address: Burr & Forman LLP  
171 17th Street, NW, Suite 1100  
City-State-Zip: Atlanta, GA 30363

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From: Tipson, Lon

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SCC BOCA RATON OUTPARCEL 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2021.

FILED

2021 DEC 29 PM 3:35

DELAWARE SECRETARY OF STATE



6502577 8300

SR# 20214216804

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205095484

Date: 12-28-21

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