

To: +19506176180

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2021-12-29 11:22:14 CST

Burr and Forman

From: Tipson, Lori

12/29/2021 11:22:14

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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: LTipson@burr.com

Foreign Limited Liability Company  
SCC Shops at Boca Center LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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Burr and Forman

From: Tipson, Lori

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SCC Shops at Boca Center 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

LTipsun@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

at (

\_\_\_\_\_) 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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# 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 Shops at Boca Center 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. \_\_\_\_\_

(FEI 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

(Street Address of Principal Office)

Beachwood, OH 44122

6. 3300 Enterprise Parkway

(Mailing Address)

Beachwood, OH 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

(City)

, Florida

33324

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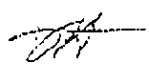
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

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

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From: Tipson, Lori

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## Authorized Person(s) Detail Continued:

Title: EVP  
Name: Christa A. Vespy  
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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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCC SHOPS AT BOCA CENTER 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.

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JALPHASSETT



6502590 8300

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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.

Jeffrey W. Bullock, Secretary of State

Authentication: 205095547

Date: 12-28-21

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