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(Business Entity Name)
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1. 《春日本5888》。[1] · · ·

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO IZOUUUUUIJ	ACCOUNT	NO.	:	I20000000199
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REFERENCE : 743329 8337443

AUTHORIZATION: Spelle Rear

COST LIMIT : \$ 125.00

ORDER DATE : June 14, 2022

ORDER TIME : 8:37 AM

ORDER NO. : 743329-005

CUSTOMER NO: 8337443

FOREIGN FILINGS

NAME: OE 2002 DIRECTORS ROW LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJEC	OE 2002 DIRECTORS ROW LLC						
		of Limited Liability Company					
		empany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.					
Please re	turn all correspondence concerning this matter to t	he following:					
	VANESSA ANGULO						
		Name of Person					
	BROOKFIELD PROPERTIES						
		Firm/Company					
	1180 PEACHTREE ST NE, STE 338	0					
		Address					
	ATLANTA, GA 30309						
City/State and Zip Code							
	vanessa.angulo@brookfieldproperties.	com					
	E-mail address: (to be u	sed for future annual report notification)					
For furth	er information concerning this matter, please call:						
	Vanessa Angulo	404 941-8472 at ()					
	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 DEPA S125.00 Filing Fee S130.00 Filing Fee & Certificate of S	& □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate					

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:

OE 2002 DIRECTOR	RS ROW LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company	y,""L.L.C ," or "LLC.")		_
(If name unavailable, enter alternate	name adopted for the purpose of transacting bustness in Flo	onda. The alternate na	me must include "Limited Liabil	ity Company," "L.L.C," or	
DELAWARE		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number,	l'applicable)	_
06/08/22					
T	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	registration.) ne penalty liability)			
250 Vesey Street, 15			Peachtree St NE, Ste	3380	
(Street Address of Principal Office)		(Ma	uling Address)	55.	_
New York, NY 10281	1	Atlanta	, GA 30309	2 chi GRE FALLE	i ,
				15	1
					_ 1 1
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptab	le)	H 2: 23	U
Name:	Corporation Service Company			m w	
Office Address:	1201 Hays Street				
	Tallahassee		32301 Florida		
(Ciry)			(Zip code)		
designated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company	s registered age and complete p sisten t V21 Pro	nt and agree to act in t erformance of my duti	his capacity. I furi	her agree

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]: **Title or Capacity:** Title or Capacity: Name and Address: Name and Address: Name: Gautam Huded □Manager □Manager Name: ______ c/o Brookfield Properties □Member ☐Member Address: 1180 Peachtree Street NE, Ste 3380 Authorized □ Authorized Atlanta, GA 30309 Person Person □Other □Other □Other_____ □Other Name: Carly Smith □Manager Name: _____ □ Manager Address: ____ □Member □Member Address: _____ 1180 Peachtree Street NE, Ste 3380 Authorized ☐ Authorized Atlanta, GA 30309 Person Person □Other____ Other____ Other___ Other____ Name: Keith Edwards Name: □Manager □Manager Address: _____ □Member □Member Address: 1180 Peachtree Street NE, Ste 3380 ■ Authorized □ Authorized Atlanta, GA 30309 Person Person □Other___ _ _ □Other □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 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

Typed or printed name of sumee

Gautam Huded, Senior Vice President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OE 2002 DIRECTORS ROW 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 FOURTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OE 2002

DIRECTORS ROW LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2022.

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

Authentication: 203678704

Date: 06-14-22