

2/14/23, 10:42 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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Email Address: awoods@wpgus.com

2023 FEB 14 PM 9:46

2023 FEB 14 PM 1:57

**Foreign Limited Liability Company
WASHINGTON PRIME MANAGEMENT II LLC**

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

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Corporate Filing Menu

Help

S. ROBERTS

FEB 15 2023

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. Washington Prime Management II LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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
(Delaware)
3.
(FBI 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. c/o Washington Prime Group
(Street Address of Principal Office)
6.
(Mailing Address)

180 East Broad Street, 21st Floor
Columbus, OH 43215

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

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: Sandra Zwijack
(Registered agent's signature)

2023 FEB 14 AM 9:45

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: Christopher Conlon	<input type="checkbox"/> Manager	Name: Simon Leopold
<input type="checkbox"/> Member	Address: 180 East Broad Street	<input type="checkbox"/> Member	Address: 180 East Broad Street
<input checked="" type="checkbox"/> Authorized	Columbus, OH 43215	<input checked="" type="checkbox"/> Authorized	Columbus, OH 43215
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

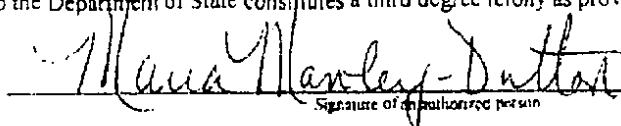
<input type="checkbox"/> Manager	Name: Melissa A. Indest	<input type="checkbox"/> Manager	Name: Joshua Lindimore
<input type="checkbox"/> Member	Address: 180 East Broad Street	<input type="checkbox"/> Member	Address: 180 East Broad Street
<input checked="" type="checkbox"/> Authorized	Columbus, OH 43215	<input checked="" type="checkbox"/> Authorized	Columbus, OH 43215
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: David Keane	<input type="checkbox"/> Manager	Name: Maria Manley-Dutton
<input type="checkbox"/> Member	Address: 180 East Broad Street	<input type="checkbox"/> Member	Address: 180 East Broad Street
<input checked="" type="checkbox"/> Authorized	Columbus, OH 43215	<input checked="" type="checkbox"/> Authorized	Columbus, OH 43215
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<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

Maria Manley-Dutton
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 "WASHINGTON PRIME MANAGEMENT II 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20230493527

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202703058

Date: 02-13-23