

**M23 000016026**

Florida Department of State  
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**To:**

Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: corpgov@wpgus.com

**Foreign Limited Liability Company**  
**UNIVERSITY TOWN PLAZA OUTPARCEL, LLC**

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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. University Town Plaza Outparcel, 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. November 2, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 4900 E. Dublin Granville Rd., 4th Floor  
(Street Address of Principal Office)

6. 4900 E. Dublin Granville Rd., 4th Floor  
(Mailing Address)

Columbus, OH 43081 Columbus, OH 43081

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

Name: C.T. Corporation System

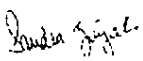
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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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.

  
Sandra Zwijack, Assistant Secretary  
(Registered agent's signature)

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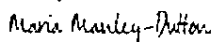
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Christopher Conlon	<input type="checkbox"/> Manager	Name: Simon Leopold
<input type="checkbox"/> Member	Address: 4900 E. Dublin Granville Rd.	<input type="checkbox"/> Member	Address: 4900 E. Dublin Granville Rd.
<input checked="" type="checkbox"/> Authorized	4th Floor	<input checked="" type="checkbox"/> Authorized	4th Floor
Person	Columbus, OH 43081	Person	Columbus, OH 43081
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Joshua Lindimore	 <input type="checkbox"/> Manager	 Name: David Keane
<input type="checkbox"/> Member	Address: 4900 E. Dublin Granville Rd.	<input type="checkbox"/> Member	Address: 4900 E. Dublin Granville Rd.
<input checked="" type="checkbox"/> Authorized	4th Floor	<input checked="" type="checkbox"/> Authorized	4th Floor
Person	Columbus, OH 43081	Person	Columbus, OH 43081
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Maria Manley-Dutton	 <input type="checkbox"/> Manager	 Name:
<input type="checkbox"/> Member	Address: 4900 E. Dublin Granville Rd.	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	4th Floor	<input type="checkbox"/> Authorized	
Person	Columbus, OH 43081	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.

Executed by  
  
 \_\_\_\_\_

Signature of an authorized person

\_\_\_\_\_

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSITY TOWN PLAZA 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-FIRST DAY OF DECEMBER, A.D. 2023.

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



2524504 8300

SR# 20234296054

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204876014

Date: 12-21-23