Division of Corporations

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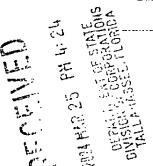
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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



Foreign Limited Liability Company PropCo Office Holdco, LLC

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

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If any and the same all and	name adopted for the purpose of transacting business in Flo	nasala Ilha	absented manus must include "I mired I solute Corne in	. T"I I ('" ot"l	
	and according to the building on constant on the same	191041 146	anciant same than member consider configurations	y. 124.C. W. L	
Delaware 2		3.	(f.l.l number, if applicable		
Durisdiction under the law of w	hich foreign limited liability company is organized)		(Fl.l number, if applicable	*)	
4 .					
	(Date first transacted business in Florida, if prior to 1 (See sections 605,0904 & 605,0905, F.S., to determi	registration ne penalty	n.) liability)		
11215 Metro Parkway		6	9 West 57th Street, 31st Floor		
Street Address of Principal Office)		O.	(Mailing Address)		
Fort Myers, FL 33966			New York, NY 10019		
			<u></u>		
7 Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	accentable)	707	
7. Pane and street doore.	or promutegimeten agent. (1777) torr		nees (Aut 197	Luch MAR	· :
	Corporate Creations Network Inc.			IR 2	;
Name:	· · · · · · · · · · · · · · · · · · ·			က်	
(NOT - 1.1)	801 US Highway 1			PH	
Office Address:				!.	V-10
	North Palm Beach		33408 Florida	5 6	
	(City)		(Lip code)		

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.

/s/ Tymberlyn Teefey	Tymberlyn Teefey, Special Secretary
(Registered age	mi's signature)

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:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Knitwell Intermediate, Inc.	■Manager	Name: Brian Keaveney
□Member	Address: 1 Talbots Drive	□Member	Address: Talbots Drive
□Authorized	Hingham, MA 02043	□Authorized	Hingham, MA 02043
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
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. 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.

/s/ Tyllick	rlyn Teefey	714
	Signature of an authorized person	
Tymberlyn Teefey, Atto	orney-in-Fact	
	Typed or printed name of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PROPCO OFFICE HOLDCO, 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-FIFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPCO OFFICE HOLDCO, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 203104723

Date: 03-25-24