

M2500000 7386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

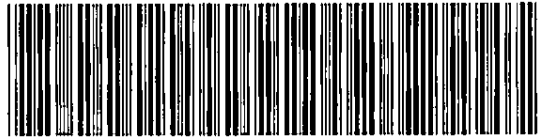
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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STATE
TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 05/20/2025

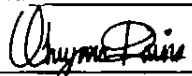
Name: Cheyenne Davis

Reference #: 2771776

Entity Name: SO - LITHIA SQUARE OP1 JV LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$125.00

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #801072
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SO - Lithia Square OPI JV 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:

Alison Shores

Name of Person

Bass, Berry & Sims PLC

Firm/Company

100 Peabody Place, Suite 1300

Address

Memphis, TN 38103

City/State and Zip Code

kurt.pollex@shopone.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison Shores

901

543-5978

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 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

**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. SO - Lithia Square OP1 JV 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 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>One Grand Central Place</u> (Street Address of Principal Office)	6. <u>One Grand Central Place</u> (Mailing Address)
<u>60 East 42nd Street, Suite 464</u>	<u>60 East 42nd Street, Suite 464</u>
<u>New York, NY 10165</u>	<u>New York, NY 10165</u>

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (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.


Catherine Hidalgo, Assistant Secretary
(Registered agent's signature)

FILED
2025 MAY 20 AM 2:03
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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>
☐ Manager	Name: <u>ShopOne JV REIT, LLC</u>	☐ Manager	Name: <u>Joseph LoParrino</u>
☒ Member	Address: <u>One Grand Central Place</u>	☐ Member	Address: <u>One Grand Central Place</u>
☐ Authorized	<u>60 East 42nd Street, Suite 464</u>	☒ Authorized	<u>60 East 42nd Street, Suite 464</u>
Person	<u>New York, NY 10165</u>	Person	<u>New York, NY 10165</u>
☐ Other _____	☐ Other _____	☒ Other <u>CFO</u>	☐ Other _____
 ☐ Manager	Name: <u>Chris Reed</u>	 ☐ Manager	Name: _____
☐ Member	Address: <u>One Grand Central Place</u>	☐ Member	Address: _____
☒ Authorized	<u>60 East 42nd Street, Suite 464</u>	☐ Authorized	_____
Person	<u>New York, NY 10165</u>	Person	_____
☒ Other <u>CEO</u>	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: <u>Mike Makinen</u>	 ☐ Manager	Name: _____
☐ Member	Address: <u>One Grand Central Place</u>	☐ Member	Address: _____
☒ Authorized	<u>60 East 42nd Street, Suite 464</u>	☐ Authorized	_____
Person	<u>New York, NY 10165</u>	Person	_____
☒ Other <u>President, COO</u>	☐ 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.

Joseph LoParrino

Signature of an authorized person

Joseph LoParrino

Typed or printed name of signee

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SO - LITHIA SQUARE OP1 JV 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 TWENTIETH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SO - LITHIA SQUARE OP1 JV LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2025.

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



10200119 8300

SR# 20252463787

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

A handwritten signature in black ink, reading "C. P. Sanchez", written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203737249

Date: 05-20-25