

A2100000608
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H210004012973))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I1999000006
Phone : (407)425-7010
Fax Number : (407)425-2747

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

Email Address: Corporate@zkslawfirm.com

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
EP Orlando Hospitality I LP

Certificate of Status	0
Certified Copy	0
Page Count	03
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2021 OCT 28 PM 3:11
TALLAHASSEE, FLORIDA

((H21000401297 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EP ORLANDO HOSPITALITY I LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

N. Dwayne Gray, Jr., Esquire

Contact Person

Zimmerman, Kiser & Sutchffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City, State and Zip Code

corporate@zkslawfirm.com

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

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal at (407) 425-7010
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (S965 Filing Fee and S35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314

CR2E030 (6/17)

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(121000401297 3)

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. EP ORLANDO HOSPITALITY I LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

2. 315 E. Robinson Street, Suite 600

(Street address of initial designated office)

Orlando, Florida 32801

3. N. Dwayne Gray, Jr., Esquire

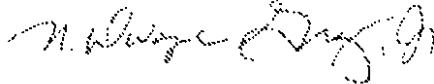
(Name of Registered Agent for Service of Process)

4. 315 E. Robinson Street, Suite 600

(Florida street address for Registered Agent)

Orlando, Florida 32801

5. 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.



Signature of Registered Agent

6. 315 E. Robinson Street, Suite 600

(Mailing address of initial designated office)

Orlando, Florida 32801

7. If limited partnership elects to be a limited liability limited partnership, check box .

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORLANDO
FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Everest Place Hospitality GP I LLC

315 E. Robinson Street, Suite 600

Orlando, Florida 32801

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 22nd day of October, 2021

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.
Everest Orlando Hospitality GP I LLC

By: *Zafir Rashid*
Its: Manager

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75