(1/5)

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H150000661723)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

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

Email Address:

FLORIDA/FOREIGN LP/LLLP SVT Sawgrass Building A, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	S1,000.00

JUNE 17 70

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT: SVT Sawgra	ss Building A, L.P.		
	e of Foreign Limited Partne	ership or Limited Liability l	Limited Partnership
portnership to transact bus		_	a foreign limited partnership or limited liability limited
	Contact Person	-	
	Firm/Company		
	Address	<u> </u>	
Cii iskomicki@starwood.com	ry, State and Zip Code n		
·	sed for future amusal repor procerning this matter, pleas	•	
		_nt ()	
Name of Contac	t Person	Area Code and Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
31,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	☐ \$1,052.50 Filing Fees and Certified Copy	\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcie	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

- -----

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

, SVT Sawgrass Building A, L.P.					
(Name of Limited Partnership or Limited Liability Lim Acceptable Limited Partnership suffixes: Limited Partnership, Lim Acceptable Limited Liability Limited Partnership suffixes: Limited	ited, L.P., LP, or	Lid.			
If name unavailable, name under which the limited partnership or business in Florida; must			proposes to reg	ister to tra	158CÎ
2. Delaware	3. 3/2/2015				
State or Country of Formation	11201	Date of Format	tion		
4. Federal Employer Identification Number: 47 - 33	17704				
5. Name of Registered Agent for Service of Process and Florida C T Corporation System	Street Address:	:			
1200 South Pine Island Road			,		
Plantation, Florida 33324					
By: Carry Carry		An	fred Yo	unan	
7. Principal Office: 8. N	egistered Agent falling Address: W. Putnam Ave	Assis	tant Se		ry
7. Principal Office: 8. N	Ialling Address:	Assis	tant Se		
7. Principal Office: 8. N	Ialling Address: W. Putnum Ave	Assis	tant Se	creta	
7. Principal Office: 8. N. 591 W. Putnam Ave, Greenwich CT, 06830 591	Ialling Address: W. Putnam Ave	Assis ; ;, Greenwich CF, C	tant Se	creta	
9. If limited partnership is a limited liability limited partnership	Ialling Address: W. Putnam Ave	Assis ; Greenwich CF, C	tant Se	Creta 15 MAR 16 AH	
9. If limited partnership is a limited liability limited partnership. Name, principal office address, and mailing address of each	Ialling Address: W. Putnam Ave ip, check box	Assis c, Greenwich CF, C er: er:	tant Se	Creta 15 MAR 16 AH 8:	Water and the second
9. If limited partnership is a limited liability limited partnership. Name of General Partner: SOLW. Putnam Ave. Greenwich CT, 06830 Signature of R. S. M. Soll W. Putnam Ave. Greenwich CT, 06830 Soll W. Putnam Ave. Greenwich CT, 06830	Ialling Address: W. Putnam Ave ip, check box in general partne Name of Gene	Assis c, Greenwich CF, C er: er:	tant Se	Creta 15 MAR 16 AM	Water and the second
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9. If limited partnership is a limited liability limited partnership. Name, principal office address, and mailing address of each Name of General Partner: Street Address: Signature of R. S. M. Signature of R. M. Punnam Ave, Greenwich CT, 06830	ip, check box . In general partne Name of Gene Street Address Mailing Address	ASSIS c, Greenwich CT, C er: eral Partner: cs:	of tant Se	Creta 15 MAR 16 AM 8: 34	and the second
9. If limited partnership is a limited liability limited partnership. Name, principal office address, and mailing address of each Name of General Partner: Street Address: Mailing Address: Signature of R. 8. M. 591 W. Putnam Ave, 06830 Signature of R. 8. M. 591 W. Putnam Ave, Greenwich CT, 06830 Mailing Address:	Ialling Address: W. Putnam Ave ip, check box In general partne Name of Gene Street Address Mailing Address Name of Gene	er: eral Partner:	tant Se	TS MAR 16 AH 8: 34	a factor of the state of the st

Name of General Partner:	Name of General Partner:		
Street Address:	Street Address:		
Mailing Address:	Mailing Address:		
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the	e date this document is filed by the Florida Department of State.)		
12. Attached is a certificate of existence duly authenticated, not Florida Department of State, by the Secretary of State or other of the law of which it is organized.	more than 90 days prior to the delivery of this application to the Meial having custody of the entity's records in the jurisdiction under		
Signed this 3rd day of March	,20 15 Nick Antonopoulos, Authorized Person		
m	signing on behalf of gameral partner SVT Owner GP, L.L.C.		
Signature	of a general partner		
The individual aigning this document affirm that the facts stated herein are true and the individual is aware that 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.			

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\$8.75

 $\$1,\!000.00$ (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

Filing Fees: Certified Copy (optional): Certificate of Status (optional):



Delaware

DAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "SVT SAWGRASS BUILDING A, L.P." 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 SIXTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

15 MAR 16 AM 8: 34

5702428 8300

150359217

You may verify this costificate online at corp.deleware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2200616

DATE: 03-16-15