Division of Corporations Electronic Filing Cover Sheet

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(((I-I150000661643)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

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(1/7)

From:

Account Name : C T CORPORATION SYSTEM

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### FLORIDA/FOREIGN LP/LLLP

SVT Crossroads Business Park III, L.P.

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Electronic Filing Menu Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

N. Culligan MAR 1 9 2015

## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: SVT Crossr	oads Business Park III, L.P.	•	
Nam	e of Foreign Limited Partn	ership or Limited Liability I	Limited Partnership
partnership to transact bu	certificate of status and fer siness in Florida. ndence concerning this mat		a foreign limited partnership or limited liability limited
	Contact Person	·	
	Firm/Company		
	Address	· · · · · · · · · · · · · · · · · · ·	
	ty, State and Zip Code		
iskomicki@starwood.co		· · · · · · · · · · · · · · · · · · ·	
E-mail address: (to be v	ised for future annual repor	t notification)	
For further information c	oncerning this matter, pleas	se call:	
		.01()	
Name of Contac	t Person		me Telephone Number
Enclosed is a check for th	c following amount:		
□\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	[] \$1,008.75 Filing Fees and Certificate of Status	□ \$1,0\$2.50 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 C Tallahassee, FL 32301	irele	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

850-617-8381

3/17/2015 8:36:13 AM PAGE 1/001 Fax Server



March 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: SVT CROSSROADS BUSINESS PARK III, L.P.

REF: W15000018710

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Verify the FEI number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000066164 Letter Number: 615A00005320



Please retain original filling date of submission 3/16

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

(Name of Limited Partnership or Limited Liability Li Acceptable Limited Partnership suffixes: Limited Partnership, Lin Acceptable Limited Liability Limited Partnership suffixes: Limited	uilted, L.P., LP, or Ltd.
	r limited liability limited partnership proposes to register to transact at contain acceptable suffix.
	·
State or Country of Formation	3. 3/2/2015  Date of Formation
4. Federal Employer Identification Number: 47-3390463	
5. Name of Registered Agent for Service of Process and Florid C T Corporation System	a Street Address:
1200 South Pine Island Road	
Plantation, Florida 33324	
By: Gignature ay	Alfred Younan  Registered Agent Assistant Secretary
	Mailing Address:  1 W. Putnam Ave, Greenwich CT, 96830
9. If Umlted partnership is a limited liability limited partnersh	Mailing Address:  1 W. Putnam Ave, Greenwich CT, 06830  hip, check box .
9. If limited partnership is a limited liability limited partnership. Name, principal office address, and mailing address of en	Mailing Address:  No. Putnam Ave, Greenwich CT, 06830  hip, check box .  ch general partner:
9. If limited partnership is a limited liability limited partnership. Name, principal office address, and mailing address of en Name of General Partner:  SVT Owner GP, L.L.C.	Mailing Address:  Pl W. Putnam Ave, Greenwich CT, 96830  hip, check box .  ch general partner:  Name of General Partner:
9. If limited partnership is a limited liability limited partnership. Name, principal office address, and mailing address of en Name of General Partner:  SVT Owner GP, L.L.C.	Mailing Address:  Of W. Putnam Ave, Greenwich CT, 06830  hip, check box .  ch general partner:  Name of General Partner: Street Address:
9. If limited partnership is a limited liability limited partnership.  10. Name, principal office address, and mailing address of en Name of General Partner:  SVT Owner GP, L.L.C.  Street Address:  591 W. Putnam Avc. Greenwich CT, 06830  Mailing Address:	Mailing Address:  Of W. Putnam Ave, Greenwich CT, 06830  hip, check box  ch general partner:  Name of General Partner:  Street Address:  Mailing Address:
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9. If Umited partnership is a limited liability limited partnership. 10. Name, principal office address, and mailing address of en Name of General Partners.  Street Address:  591 W. Putnam Avc. Greenwich CT, 06830  Mailing Address:  Name of General Partner:	Mailing Address:  Of W. Putnam Ave, Greenwich CT, 06830  hip, check box  ch general partner:  Name of General Partner:  Mailing Address:  Name of General Partner:
9. If Umited partnership is a limited liability limited partnership. 10. Name, principal office address, and mailing address of en Name of General Partners.  Street Address:  591 W. Putnam Avc. Greenwich CT, 06830  Mailing Address:  Name of General Partner:	Mailing Address:  Of W. Putnam Ave, Greenwich CT, 06830  hip, check box  ch general partner:  Name of General Partner:  Mailing Address:  Name of General Partner:  Street Address:

Name of General Partner:	Page 1 of 2 Nume 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 of	after the date this document is filed by the Florida Department of State.)
	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this day of May	MICK MICOMPOSION, MUCHUITAES FOIRGI
<del></del>	signing on behalf of general partner BVI Owner GP, L.L.C.
	pature of a general partner
	s stated herein are true and the individual is aware that false information titutes a third degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$52.50 \$8.75

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

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

# Delaware

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SVT CROSSROADS BUSINESS PARK III, 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 MARCE, A.D. 2015.

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

Julitary W. Bullock, Secretary CATION: 2200595

DATE: 03-16-15