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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

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 LIMITED LIABILITY CO. Waterford Multifamily Orlando, L.P.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Registration Section TO: Division of Corporations

SUBJECT: Waterford Multifamily Orlando, L.P.

Name of Foreign Limited Ponnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited fisbility limited partnership to transact business in Plorida.

Please return all correspondence concerning this matter to:

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ш	שואםי	Alluli	ow va	II DUG	א זואנ

Contact Person

Van Buskirk, PC

f'lrm/Company

5302 La Branch St.

Address

Houston, TX 77004

City, State and Zip Code

andy@vblawoffice.com

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

For further information concerning this matter, please call:

Brittany Crawford

526-9800

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

X\$1,000.00 Filing Fees (\$965 Filing Fee and

1\$1,008.75 Filing Pees

11\$1,052.50 Filling Fees and Certified Copy

\$1,061.25 Filling Fee, Certified Copy, and Certificate of Status

and Certificate of \$35 Registered Agent Status

Fee)

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

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

Acceptable Limited Parinership suffixes: Limited Pa Acceptable Limited Liability Limited Parinership suf N/A	fixes: Limited Liability Linsted Partnership, L.L.L.P. or LLLP.
If name unavailable, name under which the limited business in	partnership or limited liability limited partnership proposes to register to transact florids; must contain acceptable suffix.
_{2.} Delaware	3, 3/19/2015
State or Country of Formation	Date of Formation
4. Pederal Employer Identification Number: 47-5	
 Name of Registered Agent for Service of Proces CT Corporation System 	s and Florida Street Address:
1200 South Pine Island Road	•
Plantation, FL 33324	_
7. Principal Office: 3625 Dufferin Street, Suite 500	Asst. Secretary 8. Mailing Address: 3625 Dufferin Street, Suite 500 Toronto, Ontario, Canada, M3K1N4
Toronto, Ontario, Canada, M3K1N4	Toronto, Ontario, Canada, M3K1N4
). If iimited partnership is a limited ilability limite	ed partnership, check box .
). If ilmited partnership is a limited liability limite (a) Name, principal office address, and mailing ad	ed partnership, check box .
. If ilmited partnership is a limited liability limite O. Name, principal office address, and assiting ad Name of General Partner:	ed partnership, check box . Idress of each general partner: ando GP, LL.C. Name of General Partner: N/A
t. If ilmited partnership is a limited itability limite 0. Name, principal office address, and assiting ad Name of General Partner: Street Address: 3625 Dufferin Street,	ed partnership, check box. Idress of each general partner: ando GP, LL.C. Name of General Partner: N/A Suite 500 Street Address: N/A
Street Address: 3625 Dufferin Street, Toronto, Ontario, Canad	ed partnership, check box. Idress of each general partner: ando GP, L.L.C. Name of General Partner: N/A Suite 500 Street Address: N/A
o. If ilmited partnership is a limited liability limite O. Name, principal office address, and availing ad Name of General Partner: Street Address: 3625 Dufferin Street,	ed partnership, check box. Idress of each general partner: ando GP, L.L.C. Name of General Partner: Suite 500 Street Address: N/A
o. If ilmited partnership is a limited itability limited. O. Name, principal office address, and mailing address and mailing address. Street Address: 3625 Dufferin Street, Toronto, Ontario, Canad. Mailing Address: Same as above	ed partnership, check box. Idress of each general partner: ando GP, L.L.C. Name of General Partner: N/A Suite 500 Street Address: N/A Mailing Address: N/A
7. If limited partnership is a limited liability limite 10. Name, principal office address, and mailing ad Name of General Partner: Waterlord Muhitamity Onling Street Address: 3625 Dufferin Street, Toronto, Ontario, Canade Mailing Address: Same as above Name of General Partner: N/A N/A	ed partnership, check box. Idress of each general partner: ando GP, L.L.C. Name of General Partner: N/A Suite 500 Street Address: N/A

Name of General	Pariner: WA	l'age	l of 2 Name of General	Partner: N/A			_
Street Address:	N/A		Street Address:	N/A			•
Mailing Address	.N/A		Malling Address:	N/A	·		•
11. Effective date, if	other than the date of fills to be prior to nor more than	og: 90 days after the dat	this document is	filed by the Florida De	partment of Stat	v.)	•
12. Attached is a cert	ificate of existence duly aut of State, by the Secretary of	henticated, not more	than 90 days prio	r to the delivery of this	application to the	c	
Signed this 2		arch	_{.20} 15				
submitted in a docum Fit Ce	g this document affirm that- cent to the Department of Sta ing Fees: rtified Copy (optional): rtificate of Status (optional	Signature of a the facts stated herelate constitutes a third \$1,000 \$52.50	general partner n are true and the degree felony as .00 (\$963 Filing l		i false informatio 55, F.S.		
		Рядв 2 с	of 2			15 MAR 26 AM 8: 40	Automotive and a second and a s

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WATERFORD MULTIFAMILY ORLANDO,
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 TWENTY-SIXTH DAY OF
MARCH, A.D. 2015.

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

15 MAR 26 AM 8: 39

5713234 8300

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You may varify this certificate online at corp.golaware.gov/authvar.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 03-26-15