

**B18000029310276**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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2018 OCT 17 11:00 AM  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*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  
EX GP Park Plaza L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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

1. EX GP Park Plaza L.P.

(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 LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. New York State or Country of Formation 3. 10/4/2018 Date of Formation

4. Federal Employer Identification Number: 83-2129584

5. Name of Registered Agent for Service of Process and Florida Street Address:

Vcorp Services, LLC 5011 South State Road 7, Suite 106 Davie, FL 33314

6. 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

7. Principal Office: 487R Central Ave, 1st Floor Cedarhurst, NY 11516

8. Mailing Address: 487R Central Ave, 1st Floor Cedarhurst, NY 11516

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: EX Park Plaza LLC Name of General Partner: Street Address: 487R Central Ave, 1st Floor Street Address: Mailing Address: Cedarhurst, NY 11516 Mailing Address: Name of General Partner: Name of General Partner: Street Address: Street Address: Mailing Address: Mailing Address:

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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 date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 5th day of October, 2018.



Signature of a general partner

The individual signing 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.

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

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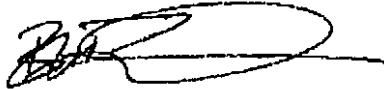
# State of New York Department of State } ss:

I hereby certify, that EX GP PARK PLAZA L.P. a New York Limited Partnership, filed a Certificate of Limited Partnership pursuant to the Partnership Law, on 10/04/2018, and that the Limited Partnership is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Partnership.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 04th day of October  
two thousand and eighteen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State



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