## B190000001

(Requ	estor's Name)		
(Addre	ess)		
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(City/S	State/Zip/Phone #	7)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			
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### FILE 2NU

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 557654 5174517

AUTHORIZATION :

COST LIMIT : \$(1,000.00

ORDER DATE: December 24, 2018

ORDER TIME : 9:09 AM

ORDER NO. : 557654-015

CUSTOMER NO: 5174517

#### FOREIGN FILINGS

NAME: ALTO NORTHPOINT OUTPARCEL LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ALTO NORTHPOINT OUT	TPARCEL LP		
Name of Foreign Lin	nited Partnership or Limite	d Liability Limited Partnership	
The enclosed application, certificate of sta partnership to transact business in Florida Please return all correspondence concerni		to register a foreign limited partne	rship or limited liability limited
Sarah Riley			
Contact Perso	10	_	
Greenberg Traurig, LLP			
Firm/Compan	у	<del>_</del>	
77 W. Wacker, Suite 3100			
Address	<del></del>	<del></del>	- 2
Chicago, Illinois 60601			
City, State and Zip	Code	_	2018 DEC 28 P 10: 02
_			28
E-mail address: (to be used for future and	nual report notification)	<del></del>	T
For further information concerning this ma	tter, please call:		70 0
Sarah Riley	312	364-1637	0
Name of Contact Person	Area Code	364-1637 and Daytime Telephone Number	
Enclosed is a check for the following amou	unt:		
\$1,000.00 Filing Fees \$1,008.75 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certification Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADI Registration Sect Division of Corp P. O. Box 6327 Tallahassee, FL	tion orations	

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

L ALTO NORTHPOINT OUTPARCEL LP	
Acceptable Limited Partnership suffixes: Limite	tited Liability Limited Partnership, which must include suffix) d Partnership, Limited, L.P., LP, or Ltd. o suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	ited partnership or limited liability limited partnership proposes to register to transact ss in Florida; must contain acceptable suffix.
2 DELAWARE	December, 2018
State or Country of Formatic	3. December, 2018  Date of Formation
4. Federal Employer Identification Number:_	<del> </del>
5. Name of Registered Agent for Service of Pr	ocess and Florida Street Address:
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
	in the salph Fmily Cross
2.72.1.00	Signature of Registered Agent Asst. Vice President
7. Principal Office: c/o Alto Real Estate Funds	8. Mailing Address:
	, V
1 Rockefeller Plaza	1 Rockefeller Plaza
New York, New York 10020	New York, New York 10020
9. If limited partnership is a limited liability li	imited partnership, check box.
10. Name, principal office address, and mailin	g address of each general partner:
Name of General Partner. Alto Northpoint Or	utparcel GP, LLC Name of General Partner:
Street Address: c/o Alto Real Estate Funds	Street Address:
1 Rockefeller Plaza, New Y	
Mailing Address: c/o Alto Real Estate Funds	Mailing Address:
1 Rockefeller Plaza, New Y	
Name of General Partner.	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner.	Name of General Parmer.
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: Upo	n 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.) applicable statutory filing requirements, this date will not be listed as the
	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 2-4th day of December	20 18
Sco	th & Onefred : B
Sig	gnature of a general partner
	ets stated herein are true and the individual is aware that false information stitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52,50

Page 2 of 2

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALTO NORTHPOINT OUTPARCEL LP" 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-SEVENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTO NORTHPOINT OUTPARCEL LP" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 204186153

Date: 12-27-18

7211296 8300 SR# 20188388357

You may verify this certificate online at corp.delaware.gov/authver.shtml