

7/29/2021

Division of Corporations

Florida Department of State

B2100000340

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : Vcorp SERVICES, LLC
Account Number : I2008000067
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

Gatlin Owner LP

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

RECEIVED
2021 AUG -4 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 AUG -4 AM 8:31
FILED

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

1. Gatlin Owner LP

(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. Delaware

3. 7/22/2021

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number

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.

[Handwritten Signature]

Signature of Registered Agent

7. Principal Office:

650 Madison Ave

New York, NY 10022

8. Mailing Address:

650 Madison Ave

New York, NY 10022

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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: Gatlin Owner GP LLC

Name of General Partner:

Street Address: 650 Madison Ave

Street Address:

New York, NY 10022

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Page 1 of 2

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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 26 day of July, 2021
Gatlin Owner GP LLC

Signature of a general partner  J. Jay Lobell; Authorized Person

The individual signing this document affirms 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.

Filing Fees: \$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GATLIN OWNER 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-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GATLIN OWNER LP" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2021.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6105077 8300

SR# 20212825050

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

Authentication: 203783718

Date: 07-28-21