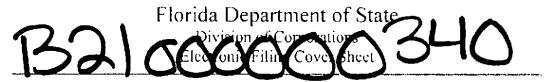
From. Vcorp Services, LLC

7/29/2021

Division of Corporations



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.

(((H21000288692 3)))



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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

## Gatlin Owner LP

Certificate of Status	U
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Estimated Charge	· \$1,000.00

Electronic Filing Menu Corporate Filing Menu

Help

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

L Gatlin Owner LP				
(Name of Limited Partner: Acceptable Limited Partnership suffi	ixes: Limited Partner.	oility Limited Partnership, which must ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, 1	,	
If name unavailable, name under wi		ership or limited liability limited partners da; must contain acceptable suffix.	ship proposes to re	egister to transact
2. Delaware		3.7/22/2021		
2. State or Country	of Formation	Date of Fore	nation	
4. Federal Employer Identification	ı Number	······		
5. Name of Registered Agent for Sc	ervice of Process and	l Florida Street Address:		
Veorp Services, LLC				
5011 South State Road 7, Suite 106				
Davie, FL 33314	<del> </del>			
	er and complete perfo	d agree to act in this capacity. I further ormance of my duties, and I am familiar when the control of the cont		
7. Principal Office:		8. Mailing Address:	<i>:</i> ·	202
650 Madison Ave		650 Madison Ave	•	
New York, NY 10022		New York, NY 10022	•	6
			• •	GD
9. If limited partnership is a limite	ed liability limited pa	irtnership, check box. 🗆		
<ul><li>9. If limited partnership is a limite</li><li>10. Name, principal office address</li></ul>				<u></u>
10. Name, principal office address	s, and mailing addres		-	
10. Name, principal office address	s, and mailing addres a Owner GP LLC	ss of each general partner:	-	
10. Name, principal office address  Name of General Partner:  (50 Madison A	s, and mailing addres a Owner GP LLC Ave	ss of each general partner: Name of General Partner:	-	
Name, principal office address  Name of General Partner: Gaitlie  Street Address: 650 Madison A  New York, NY	s, and mailing addres a Owner GP LLC Ave Y 10022	ss of each general partner: Name of General Partner:		
Name, principal office address  Name of General Partner: Gaitlie  Street Address: 650 Madison A  New York, NY  Mailing Address:	s, and mailing address in Owner GP LLC Ave Y 10022	Street Address:		
Name of General Partner:  Street Address:    Street Address:   650 Madison A	s, and mailing address a Owner GP LLC Ave Y 10022	Street Address:  Mailing Address:		

To: 18506176383 .

Page: 4 of 5

2021-08-04 17:19:38 GMT

18886118813

From: Vcorp Services, LLC

## Page 1 of 2

Name of General Partner:	Name of General Partner:		
Street Address:	Street Address:		
Mailing Address:	Mailing Address:		
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's r  12. Attached is a certificate of existence duly authenticat Florida Department of State, by the Secretary of State or	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		
the law of which it is organized. Signed this $\frac{26}{}$ day of $\frac{\text{July}}{}$ Gatlin Or	wner GP LLC 20 21		
Signatu	are of a general partner & J. Jay Lobell; Authorized Person		
The individual signing this document affirms that the fact	ts 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. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50		



Page 1

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.

e at corn delawate soy/auth

Authentication: 203783718

Date: 07-28-21