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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

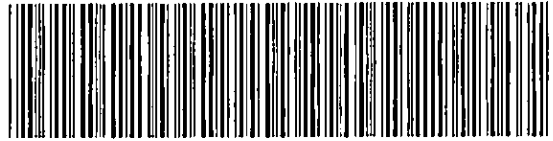
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 MAR 23 AM 8:42

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR 22 PM 4:09

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MAR 26 2018



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: March 22, 2018

Account#: 120000000088

Name: Marisa Kugelman

Reference #: L104412

Entity Name: LIH WILLOW KEY, LP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

Please file second

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$1,000.00

Signature: Marisa Kugelman

① CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
800.721.0102  
+1.212.947.7200

② EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY 1401072  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

③ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12<sup>TH</sup> FL  
189 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803



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COGENCYGLOBAL.COM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIH WILLOW KEY, LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jacob Levy  
Contact Person

Levy Affiliated Holdings LLC  
Firm/Company

201 Wilshire Boulevard, 2nd Floor  
Address

Santa Monica, CA 90401  
City, State and Zip Code

jacob@levyaffiliated.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Levy at ( 310 ) 883-7900  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

\$1,008.75 Filing Fees  
and Certificate of  
Status

\$1,052.50 Filing Fees  
and Certified Copy

\$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. LIH WILLOW KEY, 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.*

2. 801 Brickell Avenue, Suite 900  
(Street address of initial designated office)

Miami

FL

33131

3. COGENCY GLOBAL INC.  
(Name of Registered Agent for Service of Process)


4. 115 North Calhoun Street, Suite 4  
(Florida street address for Registered Agent)

Tallahassee,

Florida

32301

5. *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*

 Maria Bautista, Assistant Secretary  
Signature of Registered Agent

6. 801 Brickell Avenue, Suite 900  
(Mailing address of initial designated office)

Miami

FL

33131

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner:

Name:

Business Address:

LIH Willow Key GP, LLC

801 Brickell Avenue, Ste. 900

Miami, FL 33131

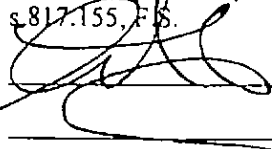
Attn: Derrick Hibbard/Victoria de Lisle

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 22<sup>nd</sup> day of March, 2018.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.



Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

FILED  
MAR 23 AM 8:42  
TALLAHASSEE, FLORIDA