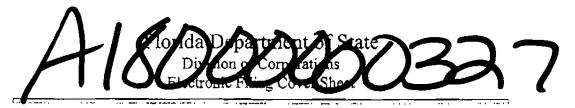
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number: 119990000006 Phone: (407)425-7010 Fax Number: (407)425-2747

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CORPORATE@ZKSLAWFIRM.COM

9 (1.7. (1.1) 2.4.7. (1.1) 1.8.05.16 PK 1: 14

## FLORIDA/FOREIGN LP/LLLP WESTON 4HUNDRED, LTD.

| <u></u>               | <u> </u>   |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 03         |
| Estimated Charge      | \$1,000.00 |

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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: WESTON 4HUNDRED,   | LTD.  |
| Name of Florida Limited Parts   | nership or Limited Liability Limited Partnership  |
| The enclosed Certificate of Limited Partners  | hip and fees are submitted for filing.  |
| Please return all correspondence concerning   | this matter to:   |
| Arny E. Jellicorse, Esq.  |   |
| Contact Person  |   |
| Zimmerman Kiser Sutcliffe, P.A.   |   |
| Firm/Company  |   |
| 315 E. Robinson Street, Suite 60  | 00  |
| Address   |   |
| Orlando, Florida 32801  |   |
| City, State and Zip Code  |   |
| jlagmay@wendovergroup.com  E-mail address: (to be used for future annual re   | and ratification)   |
| For further information concerning this matt  |   |
|   | at ( )  |
| Name of Contact Person  | Area Code and Daytime Telephone Number  |
| Enclosed is a check for the following amour   | at:   |
| \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status          | S1,052.50 Filing Fees<br>and Certified Copy  S1,061.25 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

| I. WESTON 4HUNDRED, LTD.  |     |
|---|-----|
| (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. or LLLP.  |     |
|   | -11 |
| 2 1105 Kensington Park Drive, Suite 200   |     |
| (Street address of initial designated office)   | 1,  |
| Altamonte Springs, Florida 32714  |     |
| 25:   | ラ   |
| 3. N. Dwayne Gray, Jr., Esq.  | 70  |
| (Name of Registered Agent for Service of Process)   | •   |
| 4.315 E. Robinson Street, Suite 600   |     |
| (Florida street address for Registered Agent)   |     |
| Orlando, Florida 32801  |     |
| 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.  N. Way J.  Signature of Registered Agent |     |
| 6.1105 Kensington Park Drive, Suite 200   |     |
| (Mailing address of initial designated office)  |     |
| Altamonte Springs, Florida 32714  |     |
| 7. If limited partnership elects to be a limited liability limited partnership, check box   |     |

Page 1 of 2

| Name:  | Business Address:   |
|--|---|
| Weston 4Hundred GP, LLC  | 1105 Kensington Park Drive, Ste 200   |
|  | Altamonte Springs, Florida 32714  |
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|  |   |
| 9. Effective date, if other than the date of fi                              | ling:   |
| (Effective date cannot be prior to no filed by the Florida Department of S   | r more than 90 days after the date the document is<br>tate.)  |
| Signed this 4.h. day of  | f Angust ,2018.   |
| Signature of each general partner: I's stated herein are true. I'We am'are a | We submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in |
| Weston 4Hundred GP, LLC  |   |
| Ву:  |   |
| Jonathan L. Worf, Manager  |   |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional):    | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)<br>\$52.50<br>\$8.75<br>Page 2 of 2   |