

**A210000607**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
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

### FLORIDA/FOREIGN LP/LLLP

#### EP Orlando Hospitality II LP

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

2021 OCT 28 PM 3:11

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

**T. LEMIEUX**  
Help  
OCT 29 2021

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EP ORLANDO HOSPITALITY II 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:

N. Dwayne Gray, Jr., Esquire

Contact Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City, State and Zip Code

corporate@zkslawfirm.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal

at (407) 425-7010

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 (6/17)

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

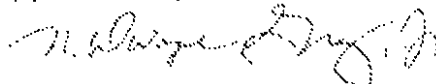
1. EP ORLANDO HOSPITALITY II LP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 315 E. Robinson Street, Suite 600  
(Street address of initial designated office)  
Orlando, Florida 32801

3. N. Dwayne Gray, Jr., Esquire  
(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.*



Signature of Registered Agent

6. 315 E. Robinson Street, Suite 600  
(Mailing address of initial designated office)  
Orlando, Florida 32801

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

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## 8. Name and business address of each general partner:

Name:Business Address:

Everest Place Hospitality GP II LLC

315 E. Robinson Street, Suite 600

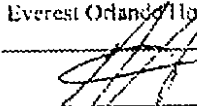
Orlando, Florida 32801

## 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.)***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.Signed this 22nd day of October, 2021

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 s.817.155, F.S.

Everest Orlando Hospitality GP II LLC

By:  Zulk Rashid

Its: Manager

**Filing Fees:****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**Certified Copy (optional):****\$52.50****Certificate of Status (optional):****\$8.75**