

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# A2300000307

**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.

((H23000215181 3)))



H230002151813ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

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

Email Address: \_\_\_\_\_

RECEIVED

2023 JUN 15 AM 10:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP  
WP AMBERSTONE, LP

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 15 PM 4:30

FILED

(((H230002151813)))

DocuSign Envelope ID: 45DB346C-25E2-49B9-BFF4-E55DA8DD42F7

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

1. WP AMBERSTONE, 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. 5122 SE Lisbon Circle, Stuart, FL 34997  
(Street address of initial designated office)

3. Connor Woodward  
(Name of Registered Agent for Service of Process)

4. 5122 SE Lisbon Circle, Stuart, FL 34997  
(Florida street address for Registered Agent)

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.

DocuSigned by:  
Connor Woodward  
87FDC5610E28486...

Signature of Registered Agent

6. 5122 SE Lisbon Circle, Stuart, FL 34997  
(Mailing address of initial designated office)

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

(((H230002151813)))

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 15 PM 4:30

FILED

(((H230002151813)))

DocuSign Envelope ID: 45DB346C-25E2-49B9-BFF4-E55DA8DD42F7

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

Name:Business Address:

470-530 E. MCNAB ROAD, LLC

5122 SE Lisbon Circle, Stuart, FL 34997

## 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 15th day of June, 2023

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.

DocuSign ID: 470-530 E. MCNAB ROAD, LLC, General Partner

Connor Woodward

B7FDC56140E28488

By: Connor Woodward, Authorized Representative

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

(((H230002151813)))