2 Florida/Department of State Division of Gorponations Electronic Eleng Cover sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Z AUG 17 PH 1: EURETARY OF SI LLAHASSEE FLO

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

Email	Address				
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FLORIDA/FOREIGN LP/LLLP 100 NWT FEE OWNER, LP

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$1,061.25

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8/17/2012

COVER LETTER

	CLU, V BIC DE	· · · · · · · · · · · · · · · · · · ·
TO:	Registration Section Division of Corporations	to Alth
SUBJ	ect. 100 nwt fee owner, lp	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3000	Name of Foreign Limited Partnership or Limited	Liability Limited Partnership
partne Please	nclosed application, certificate of status and fees are submitted to rehip to transact business in Florida. return all correspondence concerning this matter to:	register a foreign limited partnership or limited liability limited
CON	VIE BRYAN	_
	Contact Person	
CT C	reporation System	
	Firm/Company	-
515 B	ast Park Avenue	·
	Address	
Tallab	assec, FL 32301	
	City, State and Zip Code	_
wiver	o@hilein com:	

For further information concerning this matter, please call:

Status

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

Kenny

222-1092

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000,00 Filing Fees ☐ \$1,008,75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent

Fcc)

and Certificate of

and Certified Copy

CI\$1,052.50 Filing Fees X\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS. Registration Section Division of Corporations

Clifton Building 266) Executive Center Circle

Tallahasses, FL 32301

MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327

Tallahasses, FL 32314

FLM7 - 12/21/2011 Welters Klower Online

PAGE 02/05

CT CORPORATION

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69:00 ZI0Z/LI/80

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

, 100 NWT FEE OWNER, LP

(Name of Limited Partnership or Limited Limitely Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partner business in Plorts	ership or limited tlability limited partnership proposes to register to trans da; must contain acceptable suffix.	
2 Delaware	3, 11/16/2006	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number:		
5. Name of Registered Agent for Service of Process and	Florida Street Address:	
C T Corporation System		
1200 South Pine Island Road		
Plantation, Florida 33324		
of all statutes relative to the plober and complete performy position as registered agent	d agree to act in this capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the obligations of Madonna Cuddiny are of Registered Agont Special Assistant Secreta	
. Principal Offico:	8. Mailing Address:	
c/o The Witkoff Group LLC	c/o The Witkelf Group LLC	
130 East 59th Street, 15 Floor	130 East 59th Street, 15 Floor	
New York, NY 10022	New York, NY 10022	
. If limited partnership is a limited liability limited par	rinership, check box.	
Name, principal office address, and mailing address 100 NWT FEE OWNER GP Name of General Partner:	of such general partner? 0000 4588	
Street Address: c/o The Witkoff Group L	LLC Sureet Address:	
130 East 59th Street, 15	Floor	
Mailing Address: New York, NY 10022	Mailing Address:	
**************************************	Name of General Partner:	
Name of General Partner:	Name of General Partner: Stroot Address:	

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Name of General Pariner:	Ivanie of Ciencial Parateri
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: Upon filing (Effective date cannot be prior to nor more than 90 days after the date	te this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized.	thun 90 days prior to the delivery of this application to the
Signed this 13th day of August 100 NWT FEE OWNER GP, LLC	20 12 C, a Delawage limited liability company
Signature of a	general partner tomber, Jr.
JAMOS P. S. The individual signing this document affirm that the facts stated herei submitted in a document to the Department of State constitutes a third	in are true and the individual is aware that false information
	0.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50	

Page 2 of 2

H12000203225 3

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "100 NWT FEE 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 SEVENTEENTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4253125 8300

120945796

You may verify this certificate anlinest corp. dolarses.gov/authver.shtml

Julitay W. Bullack, Secretary of State
AUTHENTY CATION: 9787301

DATE: 08-17-12