

7/2/2013 15:19:00 From: To: 8506176383

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H13000149794 3)))



H130001497943ABC5

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

*File 2nd
After
LLC
Registration*

RECEIVED

13 JUL -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
ICM VI - MERCHANTS CROSSING, LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -2 AM 9:45

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JUL - 3 2013

EXAMINER
7/2/2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICM VI - Merchants Crossing, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Robert Muething, Attorney-in-Fact

Contact Person

Schiff Hardin LLP

Firm/Company

1201 West Peachtree Street, Suite 2300

Address

Atlanta, GA 30309

City, State and Zip Code

rmuething@schiffhardin.com

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

For further information concerning this matter, please call:

Robert Muething

at (404) 437-7000

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 Fee, 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

FILED
2013 JUL -2 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. ICM VI - Merchants Crossing, LP

(Name of Limited Partnership or Limited Liability 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 L.L.L.P.
Limited Partnership

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Georgia

State or Country of Formation

3. June 26, 2013

Date of Formation

4. Federal Employer Identification Number: 46-3101296

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System1200 South Pine Island RoadPlantation, Florida 33324

6. 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.

By: Michael Seraphin Michael Seraphin Asst. Secretary
Signature of Registered Agent

7. Principal Office:

259 Land O Lakes CourtAtlanta, GA 30342

8. Mailing Address:

259 Land O Lakes CourtAtlanta, GA 30342

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: ICM VI Management, LLCName of General Partner: m/3000004220Street Address: #114, 276 Midpark Way SE

Street Address: _____

Calgary AB T2J 1X6, Canada

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Page 1 of 2

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 2nd day of July, 20 13.

Anthony M. [Signature] AS AUTHORIZED PERSON ON BEHALF
Signature of a general partner OF TCM VI MANAGEMENT, LLC,
GENERAL PARTNER

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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

FILED
2013 JUL -2 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13425789
DATE INC/AUTH/FILED : June 26, 2013
JURISDICTION : Georgia
PRINT DATE : 7/2/2013 11:32:41 AM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ICM VI - Merchants Crossing, LP
A Domestic Limited Partnership

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Tracking #: slcF55Q5

B: P. Kemp

Brian P. Kemp
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -2 AM 9:45

FILED