

B140000000158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

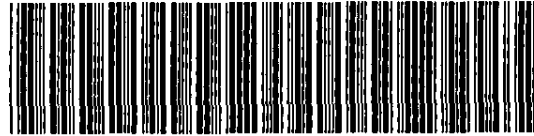
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-35934

Office Use Only



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2014 JUN 30 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 03 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2014

PETER W. ADOLPH
7825 FAY AVE, STE 200
LA JOLLA, CA 92037

SUBJECT: MULTILATERAL PARTNERS GULF COAST PLAZA L.P.
Ref. Number: W14000035934

We have received your document for MULTILATERAL PARTNERS GULF COAST PLAZA L.P. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00012464

2014 JUN 30 PM 1:00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: multilateral Partners Gulf Coast Plaza-L.P.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Peter Adolph
Name of Person
multilateral Partners LLC
Firm/Company
7825 Fay Ave Ste. 200
Address
La Jolla, CA 92037
City/State and Zip code
Peter@multilateralllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Adolph at (858) 646-0000
Name of Person Area Code & Daytime Telephone Number

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2014 JUN 30 PM 1:00
TALLAHASSEE FLORIDA

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

1. Multilateral Partners Gulf Coast Plaza, L.P.

(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.

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. California 3. 10/25/07
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 77-0701391

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

Cushman & Wakefield Commercial Prop Mgt / Pam VanVleck
12424 Brantley Commons Ct
Fort Myers, FL 33907

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.

James K. VanVleck

Signature of Registered Agent

7. Principal Office:

Multilateral Partners Gulf Coast Plaza, LP
c/o Cushman & Wakefield PM
12424 Brantley Commons Ct
Fort Myers, FL 33907

8. Mailing Address:

Multilateral Partners Gulf Coast Plaza, LP
c/o Cushman & Wakefield PM
12424 Brantley Commons Ct
Fort Myers, FL 33907

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: Multilateral Partners, LLC Name of General Partner: _____

Street Address: 7825 Fay Ave Ste 200 Street Address: _____
La Jolla, CA 92037

Mailing Address: _____ Mailing Address: _____

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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2014 JUN 30 PM 11:00
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

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 23rd day of May, 2014

John W. Ashby Managing member of G.P.
 Signature of a 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 |

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 2014 JUN 30 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: FT. MYERS GULF COAST PLAZA L.P.

FILE NUMBER: 200730000007
FORMATION DATE: 10/25/2007
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 19, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

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2014 JUN 30 PM 1:00
CLERK OF STATE
SACRAMENTO, CALIFORNIA