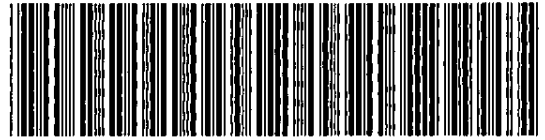


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600269843976

(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:

W15-13743

Office Use Only

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DEPARTMENT OF STATE
BIRMINGHAM, ALABAMA
15 FEB 24 PM 4:25
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 FEB 24 AM 11:27
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MAR 09 2015
LAWRENCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2015

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: W.M. OPERATING COMPANY LIMITED PARTNERSHIP
Ref. Number: W15000013743

We have received your document for W.M. OPERATING COMPANY LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

The CUS is for a LLC.,

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: 915A00003939

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TALLAHASSEE
FLORIDA
STATE

RECEIVED
DEPARTMENT OF STATE
15 MAR -6 AM 11:21
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 513454 8029858

AUTHORIZATION : *Spudleman*

COST LIMIT : \$ 1000.00

ORDER DATE : February 24, 2015

ORDER TIME : 1:09 PM

ORDER NO. : 513454-015

CUSTOMER NO: 8029858

FOREIGN FILINGS

NAME: W. M. OPERATING COMPANY
LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

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2015 FEB 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W. L. Operating Company
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:

Sachin Shah
Contact Person

MIDWOOD MANAGEMENT CO.
Firm/Company

430 PARK AVENUE SUITE 505
Address

NEW YORK, NY 10022
City, State and Zip Code

SSHAN@MIDWOODID.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SACHIN SHAH at (646) 292-4915
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

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2015 FEB 24 AM 11:27
TALLAHASSEE FLORIDA

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

1. W. M. Operating Company Limited Partnership
(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. Connecticut State or Country of Formation 3. 2/20/2015 Date of Formation

4. Federal Employer Identification Number _____

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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. Corporation Service Company

By: [Signature]
Signature of Registered Agent

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2015 FEB 24 AM 11:27
DEPT OF STATE
TALLAHASSEE FLORIDA

7. Principal Office:
300 Long Beach Blvd
Stratford, CT 06615

8. Mailing Address:
430 PARK AVENUE
SUITE 505
NEW YORK, NY 10022

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: <u>JOHN USDAN</u>	Name of General Partner: <u>JED ISAPCS</u>
Street Address: <u>775 PARK AVENUE</u> <u>NEW YORK, NY 10021</u>	Street Address: <u>2 Wallenberg Drive</u> <u>Stamford, CT 06903</u>
* Mailing Address: <u>430 PARK AVE SUITE 505</u> <u>NEW YORK, NY 10022</u>	Mailing Address: <u>430 PARK AVE SUITE 505</u> <u>NEW YORK, NY 10022</u>

Name of General Partner: _____	Name of General Partner: _____
Street Address: _____	Street Address: _____
Mailing Address: _____	Mailing Address: _____

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: 2/20/15
(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 20 day of February, 2015.

X [Signature]
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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2015 FEB 24 AM 11:27
CLERK OF STATE
TALLAHASSEE FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that

W. M. OPERATING COMPANY LIMITED PARTNERSHIP

a limited partnership formed under the Connecticut General Statutes was filed in this office
on March 03, 2015.

A certificate of cancellation has not been filed, and so far as indicated by the records of this office such
limited partnership is in existence.



Secretary of the State

Date Issued: March 05, 2015

FILED
2015 FEB 24 AM 11:27
OFFICE OF THE SECRETARY OF THE STATE
HARTFORD, CONNECTICUT