

9/16/2015 1:40:11 PM From: To: 8506176383( 1/5 )

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
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**FLORIDA/FOREIGN LP/LLLP**

**VR Sheldon Holdings Limited Partnership**

Certificate of Status	0
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Page Count	05
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9/16/2015 1:40:11 PM From: To: 8506176383( 2/5 )

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VR SHELTON HOLDINGS LIMITED PARTNERSHIP

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:

Christina Livingston

Contact Person

c/o Ventera Realty Management Company, Inc.

Firm/Company

38 Leek Crescent, Suite 202

Address

Richmond Hill, ON L4B 4N8, Canada

City, State and Zip Code

clivington@venteralliving.com

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

For further information concerning this matter, please call:

Marcia Robbins

at (214/740-8236)

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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TALLAHASSEE, FLORIDA

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

1. VR SHELDON HOLDINGS 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. Delaware

State or Country of Formation

3. September 15, 2015

Date of Formation

4. Federal Employer Identification Number: 47-5046685

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

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.

C T Corporation System  
By: \_\_\_\_\_

Signature of Registered Agent

TYPED NAME AND SIGNATURE

7. Principal Office:

38 Leek Crescent, Suite 202

Richmond Hill, ON L4B 4N8, Canada

8. Mailing Address:

711 West Bay Area Boulevard, Suite 602

Webster, Texas 77598

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: VR Sheldon Holdings GP LLC

Name of General Partner: \_\_\_\_\_

Street Address: 38 Leek Crescent, Suite 202

Street Address: \_\_\_\_\_

Richmond Hill, ON L4B 4N8, Canada

Mailing Address: 711 West Bay Area Boulevard, Suite 602

Mailing Address: \_\_\_\_\_

Webster, Texas 77598

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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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 15th day of September, 2015.

**VR Sheldon Holdings GP LLC**

  
Signature of a general partner  
Andrew Stewart, Authorized Person

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.

<b>Filing Fees:</b>	<b>\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "VR SHELTON HOLDINGS LIMITED  
PARTNERSHIP" 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 SIXTEENTH DAY OF SEPTEMBER,  
A.D. 2015.

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

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SR# 20150143766

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 10071425

Date: 09-16-15