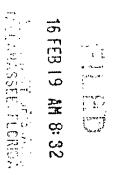
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| (Requestor's | Name) |
|-------------------------------------|---------------------|
| (Address) | |
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| (City/State/Zi | p/Phone #) |
| PICK-UP W | AIT MAIL |
| (Business Er | itity Name) |
| (Document N | umber) |
| Certified Copies Cer | tificates of Status |
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| W14-10123 | |

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CAPITAL CONNECTION, INC.

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| 620 Holdings, LP | | | | |
|--------------------|--------------------------------|------|-------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Art of Inc. File |
| | | | <u> </u> | LTD Partnership File |
| | | | | Foreign Corp. File |
| | | | | L.C. File |
| | | | | Fictitious Name File |
| | | | | Trade/Service Mark |
| | | | <u> </u> | Merger File |
| | | | | Art. of Amend. File |
| | | | \ | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | <u> </u> | Annual Report / Reinstatement |
| | | | | Cert. Copy |
| | | | \ | Photo Copy |
| | | | | Certificate of Good Standing |
| | | | | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | <u> </u> | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | |] | Fictitious Owner Search | |
| • | | | | Vehicle Search |
| | | | | Driving Record |
| Requested by: Seth | 02/10/16 | | | UCC 1 or 3 File |
| | $\frac{02/19/16}{\text{Data}}$ | Time | | UCC 11 Search |
| Name | Date | Time | | UCC Retrieval |
| Walk-In | Will Pick Un | | | Courier |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2016

CAPITAL CONNECTION

SUBJECT: 620 HOLDINGS, LP Ref. Number: W16000010123

16 FE3 19 AH II: U

We have received your document for 620 HOLDINGS, LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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: 216A00002845

COVER LETTER

TO: Registration Section

| Division of Corporations | | |
|---|--|--|
| SUBJECT: 620 Holdings, LP | • | |
| Name of Foreign Limit | ed Partnership or Limited | d Liability Limited Partnership |
| - | s and fees are submitted (| to register a foreign limited partnership or limited liability limited |
| Will Prince, Esquire | | |
| Contact Person | | _ |
| Beloff Law, P.A. | | |
| Firm/Company | | |
| 1691 Michigan Avenue, Su | ıite 360 | |
| Address | | |
| Miami Beach, Florida 331 | 39 | <u></u> |
| City, State and Zip C | ode | |
| | COM | |
| E-mail address: (10 be used for future anni | al report notification) | |
| For further information concerning this matt | er, pleasa call: | |
| Will Prince, Esquire | _{at (} 305 | ,673-1101 |
| Name of Contact Person | | and Daytime Telephone Number |
| Enclosed is a check for the following amour | ıt: | |
| ☐ \$1,000.00 filing Fees (\$965 Filing Fee and \$35 Registered Agent Status | | • |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING AD Registration Set Division of Con P. O. Box 6327 Tallahassee, FL | ection porations |

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

| , 620 Holdings, LP | | |
|--|--|---|
| Acceptable Limited Partnership suffixes: Limited : | ed Liability Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, or Ltd. uffixes: Limited Liability Limited Partnership, L.L.L.P. or LLL | |
| If name unavailable, name under which the limite business | d partnership or limited liability limited partnership proposes to in Florida; must contain acceptable suffix. | register to transact |
| OLA COLL | | |
| 2. State of Delaware State or Country of Formation | 3. January 16, 2016 Date of Formation | |
| 4. Pederal Employer Identification Number: | | |
| 5. Name of Registered Agent for Service of Proc Tim Sgnde 15 | ess and Florida Street Address: | |
| 848 Brickell Ave, Ste Pi | | • |
| Migni, FL 33131 | _ | |
| I hereby accept the appointment as registered at of all statutes relative to the proper and complet my position as registered agent. | gent and agree to act in this capacity. I further agree to comply be performance of my duties, and I am familiar with and accept | with the provisions the obligations of |
| | Sem I II | |
| | Signature of Registered Agent | हों । प्र |
| 7. Principal Office: | 8. Mailing Address: | W C |
| 848 Brickell Avenue, PH1 | Same as Principal Address | |
| Miami Florida, 33131 | | C |
| | | - 語 32 |
|). If limited partnership is a limited liability limi | ited partnership, check box . | , |
| to. Name, principal office address, and mailing a | • | |
| Name of General Pariner: 13TH Floor 620 S | ponsor, LLC, Name of General Partner: | |
| Street Address: a Delaware Limited Liabi | lity Company Street Address: | |
| 848 Brickell Avenu | | |
| Mailing Address: Miami, Florida 33 | 131 Mailing Address: | |
| Name of General Partner: | Name of General Partner: | |
| Street Address: | Street Address: | |
| Mailing Address: | Mailing Address: | |

17

| Name of General Partner: | Name of General Partner: | , |
|---|---|---------|
| Street Address: | Streat 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 of | fler the date this document is filed by the Florida Department of State.) | |
| | d, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under | |
| Sign | nature of a general partner | |
| | or 620 SPONSOR, LLC, Ilmited liability company | * |
| Limite By: | ogf Sponsor, LLC, a Delnware of liability company, its Member | A grant |

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 follows as provided for in s.817.155, F.S.

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

\$8.75

Page 2 of 2

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "620 HOLDINGS, 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 EIGHTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "620 HOLDINGS, LP" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2016.

5931782 8300

Authentication: 201792747

Date: 02-08-16