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DEPART SINGE THE SINTE

MAY 05 2016 S. YOUT&G CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 122602 7736905

AUTHORIZATION :

COST LIMIT : \$ 1,000.00

ORDER DATE: April 29, 2016

ORDER TIME : 12:29 PM

ORDER NO. : 122602-010

CUSTOMER NO: 7736905

## FOREIGN FILINGS

NAME: MERION BAY POINT, L.P.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## **COVER LETTER**

TO: Registration Sec Division of Cor				
SUBJECT:	ay Point, L.P.			
Nan	ne of Foreign Limited Partr	ership or Limited Lia	bility Limited Partnership	
partnership to transact bu	, certificate of status and fe isiness in Florida. Indence concerning this ma		gister a foreign limited partnership	or limited liability limited
Richard A. Kwait				
	Contact Person	,		
Merion Realty Part	ners			
	Firm/Company			
308 E. Lancaster A	venue, Suite 300			
	Address			
Wynnewood, PA 1	9096			
Ci	ty, State and Zip Code			
rkwait@merionreal	• •			
E-mail address: (to be u	sed for future annual repor	t notification)		~~ (s)
For further information co	oncerning this matter, pleas	se call:		· 一
Richard Kwait		at (610 ) 8	396-3053	
Name of Contac	t Person		Daytime Telephone, Number	1 255
Enclosed is a check for th	e following amount:			(11 )
X\$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 F and Certified Copy	Fees \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	A O. ST.
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	MAILING ADDRE Registration Section Division of Corporar P. O. Box 6327 Tallahassee, FL 323	tions	

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

, Merion Bay F	Point, L.P.			
Acceptable Limited	Limited Partnership or Limited Liabili Partnership suffixes: Limited Partnershi Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, or Ltd.		
If name unavailable	le, name under which the limited partners business in Florida	hip or limited liability limited; must contain acceptable suff		er to transact
<sub>2</sub> DE		3. April 15, 2016		
	tate or Country of Formation	Date	e of Formation	
4. Federal Employe	er Identification Number: 61-17905	12		
	red Agent for Service of Process and F			
Corporation Se	ervice Company			
1201 Hays Stre	eet			
Tallahassee, F	L 32301			
my position as reg 7. Principal Office:	•	8. Mailing Address:	Melissa Zender Asst. Vice Preside	TALL AHASS
308 E. Lancast	er Avenue	same		रेक्ट
Suite 300				5 5
Wynnewood, P	A 19096			# F. C. C. C.
9. If limited partne	ership is a limited liability limited parts	nership, check box		- ,
10. Name, principa	l office address, and mailing address o	f each general partner:		
Name of Genera	I Partner: Merion Bay Point GP, L	LC Name of General Par	tner:	
Street Address:	308 E. Lancaster Avenue, Ste	300 Street Address:		
	Wynnewood, PA 19096			
Mailing Address	same as above	Mailing Address:		
Name of Genera	Partner:	Name of General Part	tner:	
Street 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: A (Effective date cannot be prior to nor more than 90 days	pril 15, 2016  tys after the date this document is filed by the Florida Department of State.)
Florida Department of State, by the Secretary of State the law of which it is organized.	cated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 29th day of April MERION	20 16 I BAY POINT GP, LLC
By:	Signature of a general partner chard Kwait, Authorized Representative
The individual signing this document affirm that the fa	nots stated herein are true and the individual is aware that false information onstitutes a third degree felony 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

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MERION BAY POINT, L.P." 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 TWENTY-NINTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERION BAY

POINT, L.P." WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2016.

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





6017295 8300 SR# 20162694233 Authentication: 202238185

Date: 04-29-16