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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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TALLAHASSEE, TUSSO

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RECEIVED IN

JUN 0 7 2016

S. YOUNG

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

NAME: WEKIVA WAY LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: LL)

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:

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT. Wekiva V	Vay Limited Partners	ship		
Nam	e of Foreign Limited Partn	ership or Limited Liability	Limited Partnership	
partnership to transact bu			a foreign limited partnership or	· limited liability limited
	Contact Person			
	Firm/Company			TALI 16
	Address			LAHASS
Ci	ty, State and Zip Code			SEE, FLO
	ised for future annual repor oncerning this matter, pleas	•		36
		_at ()		
Name of Contac	t Person	Area Code and Dayti	me Telephone Number	
Enclosed is a check for th	e 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 Ci Tallahassee, FL 32301	rcle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

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

, Wekiva Way l	_imited Partnership			
Acceptable Limited 1	Partnership suffixes: Limited Partnership, Lim	ited Partnership, which must include suffix) ited, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L.P. or LLLP.		
If name unavailable	e, name under which the limited partnership or business in Florida; must	limited liability limited partnership proposes to register to transact contain acceptable suffix.		
₂ Delaware		3. June 2, 2016		
St	ate or Country of Formation	Date of Formation		
4. Federal Employe	r Identification Number	· · · · · · · · · · · · · · · · · · ·		
5. Name of Register	ed Agent for Service of Process and Florida	Street Address:		
Corporation Se	rvice Company			
1201 Hays Stre	eet			
Tallahassee, FI	L 32301	ALLA Julya		
of all statutes rela	ntive to the proper and complete performance of istered agent. Corporation Service do By:	ジ		
	Signature of Re	Gary Sherman, Assistant V.P.		
7. Principal Office:	8. M	ailing Address:		
1251 Avenue of	the Americas, 35th FL			
New York, NY	10020			
9. If limited partne	rship is a limited liability limited partnershi	p, check box		
10. Name, principa	l office address, and mailing address of each	general partner:		
Name of General	Partner: Wekiva Way GP LLC	Name of General Partner:		
Street Address:	1251 Avenue of the Americas, 35	Street Address:		
	New York, NY 10020			
Mailing Address:	1251 Avenue of the Americas, 35	Mailing Address:		
	New York, NY 10020			
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:
Mailing Address:	Mailing Address:
11. Effective date, if (Effective date cannot	other than the date of filing: be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
	icate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under organized.
Signed this 3rd	_{day of} <u>June</u>
WZKIVA WAY	GP LLC 84: Trios Manager 1, INC 34: Some Watter, Secretary
	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 Fce)

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

\$52.50

\$8.75

Page 2 of 2

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "WEKIVA WAY 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 THIRD DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEKIVA WAY LIMITED PARTNERSHIP" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2016.

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

SECRETARY OF STATE
TALLAHASSEE, FLORID

Authentication: 202429658

Date: 06-03-16

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SR# 20164289036