

B16000000135

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

GP rejected W16-44600  
(W16-44598)

Office Use Only



000286967970

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2016 JUN 21 A 9:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 21 PM 4:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 21 PM 4:23

S Warren  
JUN 27 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2016

CORPORATION SERVICE COMPANY

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: GW REALTY ASSOCIATES, II, L.P.  
Ref. Number: W16000044600

We have received your document for GW REALTY ASSOCIATES, II, L.P. and your check(s) totaling \$. 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 216A00013130

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JUN 24 AM 10:57

*Please file serial. Do  
not separate. Thank!*

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

ACCOUNT NO. : I20000000195

REFERENCE : 186678 7593518

AUTHORIZATION :

COST LIMIT : \$1,000.00

*[Signature]*

ORDER DATE : June 20, 2016

ORDER TIME : 10:15 AM

ORDER NO. : 186678-010

CUSTOMER NO: 7593518

FOREIGN FILINGS

NAME: GW REALTY ASSOCIATES II, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

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

1. GW Realty Associates II, L.P.

(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.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. Pennsylvania

State or Country of Formation

3. May 16, 2005

Date of Formation

4. Federal Employer Identification Number 20-2832093

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: M. Zender

Signature of Registered Agent

Melissa Zender

Asst. Vice President

7. Principal Office:

6216 Sheaff Lane

Fort Washington, PA 19034

8. Mailing Address:

6216 Sheaff Lane

Fort Washington, PA 19034

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: GW Realty, Inc.

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

Street Address: 6216 Sheaff Lane

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

Fort Washington, PA 19034

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

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

FW000002876

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 \_\_\_\_\_ day of \_\_\_\_\_, 2016

By: GW Realty, Inc.  
W. Kirk Wycoff  
 Signature of a general partner W. Kirk Wycoff, President

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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 SECRETARY OF STATE  
 TREASURY OF FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

06/21/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GW REALTY ASSOCIATES, II, L.P.

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC160621110892-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>