

B/6000000/93

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000221871 3)))



H160002218713ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

*File 2nd
after
LLC
Registration
H16000221868*

2016 SEP -7 AM 11:20

STATE OF FLORIDA

FLORIDA/FOREIGN LP/LLLP
WPT Land 2 LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -7 AM 10:42

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

9/7/2016 11:15:53 AM From: To: 8506176383(2/5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WPT Land 2 LP

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:

Gabe Mainardi

Contact Person

WPT Land 2 LP

Firm/Company

5 Walnut Grove Drive

Address

Horsham, PA 19044

City, State and Zip Code

gmainardi@workspaceproperty.com

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

For further information concerning this matter, please call:

Gabe Mainardi

at (215)

328-2700

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

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

FILED
2016 SEP -7 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. WPT Land 2 LP

(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 3. June 28, 2016
State or Country of Formation Date of Formation

4. Federal Employer Identification Number 81-3081540

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

Connie Bryen

Connie Bryen
Assistant Secretary

7. Principal Office:

WPT Land 2 LP

5 Walnut Grove Drive

Horsham, PA 19044

8. Mailing Address:

WPT Land 2 LP

5 Walnut Grove Drive

Horsham, PA 19044

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: WPT Land 2 GP LLC

Name of General Partner: _____

Street Address: 5 Walnut Grove Drive
Horsham, PA 19044

Street Address: _____

Mailing Address: 5 Walnut Grove Drive
Horsham, PA 19044

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

FILED
2016 SEP -7 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

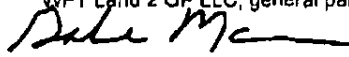
Page 1 of 2

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 31st day of August, 2016
WPT Land 2 GP LLC, general partner



Signature of a general partner
By: Gabe Mainardi, CFO

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

Page 2 of 2

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WPT LAND 2 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 FIRST DAY OF SEPTEMBER, A.D. 2016.

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

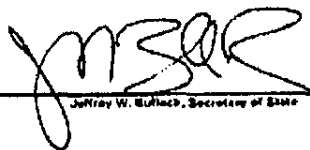
FILED
2016 SEP - 7 AM 10:42
DEPARTMENT OF STATE
HALL ASSESSMENT DIVISION



6081154 8300

SR# 20165617930

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202924116

Date: 09-01-16