

B16000000206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

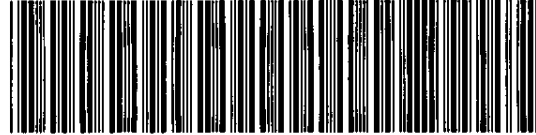
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W116-64132

Office Use Only



400290269664

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 15 AM 8:46

FILED

09/16/16---01001---015 **1000.00

RECEIVED
DEPARTMENT OF STATE
16 SEP 15 PM 4:32

K. SALY

SEP 22 2016

CT

September 15, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 10161929 SO
Customer Reference 1: 101542.000002
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

WORKSPACE PROPERTY MANAGEMENT, L.P. (DE)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2016

CT CORPORATION SYSTEM

SUBJECT: WORKSPACE PROPERTY MANAGEMENT, L.P.
Ref. Number: W16000064132

We have received your document for WORKSPACE PROPERTY MANAGEMENT, L.P. and your check(s) totaling \$1000.00. 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00019852

RE-SUBMIT

Please retain original filing
date of submission 9/15

RECEIVED
16 SEP 21 AM 11:15
IS AGENCY WILLING
SUFFICIENCY OF FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Workspace Property Management, L.P.

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

Workspace Property Management, L.P.

Firm/Company

700 Dresher Road, Suite 150

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:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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 15 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Workspace Property Management, 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.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

State or Country of Formation

3. October 2, 2015

Date of Formation

4. Federal Employer Identification Number: 47-5247378

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.

By: C T Corporation System

Signature of Registered Agent

Carrie Bryan

Carrie Bryan

Secretary

7. Principal Office:

Workspace Property Management, L.P.

700 Dresher Road, Suite 150

Horsham, PA 19044

8. Mailing Address:

Workspace Property Management, L.P.

700 Dresher Road, Suite 150

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: RV PM GP, LLC

Name of General Partner: _____

Street Address: 700 Dresher Road, Suite 150

Street Address: _____

Horsham, PA 19044

Mailing Address: 700 Dresher Road, Suite 150

Mailing Address: _____

Horsham, PA 19044

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: _____ Street Address: _____
 Mailing Address: _____ Mailing Address: _____

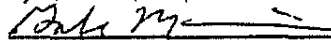
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 2016 SEP 15 AM 8:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 14th day of September, 2016.

RV PM GP, LLC, general partner
 By: RV Office, LLC, member



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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WORKSPACE PROPERTY MANAGEMENT, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2016.
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.

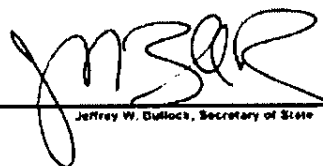
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2016 SEP 15 AM 8:47
CLERK OF STATE
TALLAHASSEE, FLORIDA



5840468 8300

SR# 20165794297

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202996533

Date: 09-15-16