

B16000000210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

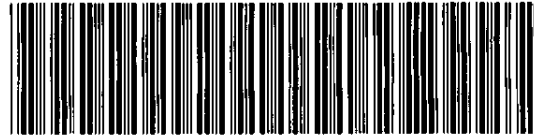
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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2016 SEP 23 AM 9:06

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DEPT. OF REVENUE
16 SEP 23 PM 1:51

K. SALY

SEP 26 2016

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

ACCOUNT NO. : I20000000195

REFERENCE : 305584 7866158

AUTHORIZATION :

COST LIMIT : \$ 1,000.00

ORDER DATE : September 23, 2016

ORDER TIME : 12:55 PM

ORDER NO. : 305584-005

CUSTOMER NO: 7866158

FOREIGN FILINGS

NAME: LCA VISTA HAVEN, LP

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: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCA Vista Haven, 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:

Adrienne Ciacetta

Contact Person

Lakeside Capital Advisors, LP

Firm/Company

30 S. Wacker Drive Ste 2750

Address

Chicago, IL 60606

City, State and Zip Code

adrienne.ciacetta@lcaplp.com

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

For further information concerning this matter, please call:

Adrienne Ciacetta at (**312**) **879-7548**

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 23 AM 9:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. LCA Vista Haven, 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.

LCA Vista Haven 1, LP

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. 09/21/2016

Date of Formation

4. Federal Employer Identification Number 81-3940421

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



Signature of Registered Agent

Melissa Zender

Asst. Vice President

7. Principal Office:

30 S. Wacker Dr. Ste 2750

Chicago, IL 60606

8. Mailing Address:

c/o Lakeside Capital Advisors, LP

30 S. Wacker Dr. Ste 2750

Chicago, IL 60606

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: Lakeside Capital GP, LLC

Name of General Partner: _____

Street Address: 30 S. Wacker Dr. Ste 2750

Street Address: _____

Chicago, IL 60606

Mailing Address: 30 S. Wacker Dr. Ste 2750

Mailing Address: _____

Chicago, IL 60606

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: _____

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 21 day of September, 2016.



, President of Lakeside Capital GP LLC

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 Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
2016 SEP 23 AM 9:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LCA VISTA HAVEN, 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LCA VISTA HAVEN, LP" WAS FORMED ON THE TWENTY-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 23 AM 9:06
SECRETARY OF STATE
DELAWARE
TALLAHASSEE, FLORIDA



6159494 8300

SR# 20165916848

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203047326

Date: 09-23-16