## B17000000058

(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:
·
W17-8883 CW + GP Reg
Office Use Only



500293053935

01/27/17--01018--019 \*\*1000.00

2011 FEB 28 PM 4: 47

K. SALY MAR - 3 2017

## **COVER LETTER**

TO: Registration Division of	on Section f Corporations		
Varsit	y Management Company, LP		
SUBJECT:	Name of Foreign Limited Par	tnership or Limited I	Liability Limited Partnership
partnership to trans	cation, certificate of status and a act business in Florida. rrespondence concerning this m		to register a foreign limited partnership or limited liability limited
Debbie Fritzer			
Contact Person			<del>-</del>
Varsity Manageme	nt Company, LP		
	Firm/Company		_
1875 Century Park	East, Stc. 1980		
	Address		_
Los Angeles, CA	90067		
	City, State and Zip Code		_
ctresourceteam l@	wolterskluwer.com		
E-mail address: (	o be used for future annual rep	ort notification)	<del>-</del>
For further informa	tion concerning this matter, ple	ase call:	
Colleen Cribbs		at ( 303	, 629-2501
Name of (	Contact Person		and Daytime Telephone Number
Enclosed is a check	for the following amount:		
\$1,000.00 Filing (\$965 Filing Fee an \$35 Registered Age Fee)		s ⊇\$1,052.50 Filir and Certified Co	
STREET ADDRE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle	MAILING ADD Registration Sect Division of Corp P. O. Box 6327 Tallahassee, FL	ction rporations

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

2017 FEB 28 PM 4: 47 TO TRANSACT BUSINESS IN FLORIDA Varsity Management Company, 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. Delaware **Date of Formation** State or Country of Formation 4. Federal Employer Identification Number: 46-1465075 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. James M. Halpin **Assistant Secretary** Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1875 Century Park East, Ste. 1980 7730 SW 56th Ave, Ste. 1 Miami, FL 33143 Los Angeles, CA 90067 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: Varsity Management Company GP II C Name of General Partner: 1875 Century Park East, Ste. 1980 Street Address: Street Address: Los Angeles, CA 90067

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

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

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

Street Address:

FL047 - 12/21/2011 Wolters Kluwer Online

Street 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: 8/9/201 (Effective date cannot be prior to nor more than 90 days after	der the date this document is filed by the Florida Department of State.)
Florida Department of State, by the Secretary of State or of	not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under
Signed this 23rd day of January	,20 17
Signa	iture 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

Page 2 of 2

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VARSITY MANAGEMENT COMPANY, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2017.

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





Authentication: 202041925

Date: 02-15-17

524**7**422 8300 SR# 20170919678