

B17 000000072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

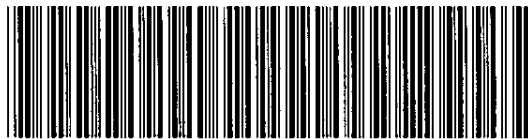
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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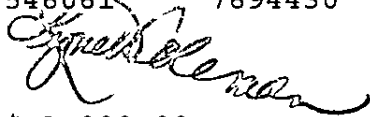
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 15 AM 8:41

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2017 MAR 15 PM 10:48
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TALLAHASSEE, FLORIDA

MAR 20 2017
J. HARRIS

56282-1111

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

ACCOUNT NO. : I20000000195
REFERENCE : 546061 7694430
AUTHORIZATION : 
COST LIMIT : \$ 1,000.00

ORDER DATE : March 8, 2017
ORDER TIME : 10:28 AM
ORDER NO. : 546061-005
CUSTOMER NO: 7694430

FOREIGN FILINGS

NAME: ALTA GRANDE APARTMENTS, 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: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2017

CSC
MELISSA ZENDER

RESUBMIT
Please give original
submission date as file date.

SUBJECT: ALTA GRANDE APARTMENTS, L.P.
Ref. Number: W17000023245

We have received your document for ALTA GRANDE APARTMENTS, L.P. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00005157

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 15 AM 8:41

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

1. Alta Grande Apartments, 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. 3/8/2017

Date of Formation

4. Federal Employer Identification Number: 82-0727120

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

Melissa Zender

By:

Signature of Registered Agent

Asst. Vice President

7. Principal Office:

3715 Northside Pkwy NW Ste 4-600

Atlanta, GA 30327

8. Mailing Address:

3715 Northside Pkwy NW Ste 4-600

Atlanta, GA 30327

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: Wood Alta Grande, LLC M16000006011

Street Address: 3715 Northside Pkwy NW

Atlanta, GA 30327

Mailing Address:

Name of General Partner:

Street Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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: Upon Qualification
(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 8th day of March, 2017

Beth Dwyer, member, Wood Alta Grande, its general partner
 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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 17 MAR 15 AM 8:41

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTA GRANDE APARTMENTS, 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 SEVENTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTA GRANDE APARTMENTS, L.P." WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2017.

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



6341561 8300

SR# 20171830913

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202215008

Date: 03-17-17