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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.**

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**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

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

Email Address: \_\_\_\_\_

RECEIVED  
2017 JUN 22 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP  
SAND LAKE 2 MULTI-FAMILY HOLDING LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

FILED  
17 JUN 19 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*FILE SECOND\*\*\*\*\*

Kim Tadlock 900-432-3622



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: SAND LAKE 2 MULTI-FAMILY HOLDING LP  
REF: W17000051428

**\*\*\*PLEASE GIVE THE ORIGINAL SUBMISSION DATE  
AS THE FILE DATE - 6/19/17\*\*\*\*\***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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. Due to a system error, we have not received the fee payment for the document submitted on-line to form or incorporate the above referenced Florida business entity.

To correct this deficiency, we need the type of credit card used (i.e., Discover, Master Card, Visa, or AmericanExpress) and the last five digits of the account number used to make the payment. These two items will allow our office to access the funds and secure the required payment.

Please insert the type of credit card used and the last five digits of the account number in the space provided and return this letter to the attention of the examiner indicated below.

Type of Credit Card:

Last Five Digits of Account Number:

Please respond to this letter within the next 30 days to avoid any negative administrative action. Failure to comply within the required timeframe will result in cancellation for non-payment of this entity on the records of the Florida Department of State.

We sincerely apologize for this error and the inconvenience this matter may cause you or your staff.

P.O BOX 6327 - Tallahassee, Florida 32314



Sincerely,

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

Stacey M Warren  
Regulatory Specialist II  
(850) 245-6051

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.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H17000163347  
Letter Number: 617A00012580

RECEIVED

2017 JUN 22 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sand Lake 2 Multi-Family Holding 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:

Capitol Services - Corporate Filings Team

Contact Person

Capitol Services, Inc.

Firm/Company

206 E 9th St, Ste 1300

Address

Austin, TX 78701

City, State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 800 ) 345-4847  
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<br>( \$965 Filing Fee and<br>\$35 Registered Agent<br>Fee ) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>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**

**1. Sand Lake 2 Multi-Family Holding 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 L.LLP.

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**

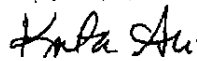
State or Country of Formation

**3. 06/08/2017**

Date of Formation

**4. Federal Employer Identification Number applied for****5. Name of Registered Agent for Service of Process and Florida Street Address:**Capitol Corporate Services, Inc.155 Office Plaza Dr Ste ATallahassee 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.



Krista Ali, Assistant Secretary on behalf  
of Capitol Corporate Services, Inc.

Signature of Registered Agent

**7. Principal Office:**20435 North 7th StreetPhoenix, AZ 85024**8. Mailing Address:**3280 Bloor St W, Centre Tower, Ste 1400Toronto, ON M8X 2X3

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: Sand Lake 2 Multi-Family Holding (GP) LLO

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

Street Address: 20435 North 7th Street

Street Address: \_\_\_\_\_

Phoenix, AZ 85024Mailing Address: 3280 Bloor St W, Centre Tower, Ste 1400

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

Toronto, ON M8X 2X3

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

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

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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TALLAHASSEE, FLORIDA

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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 19th day of June, 20 17.

Sand Lake 2 Multi-Family Holding (GP) LLC

By: E. Kirsh  
Signature of a general partner Evan Kirsh, President

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

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17 JUN 19 PM 12:37  
SECRETARY 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 "SAND LAKE 2 MULTI-FAMILY HOLDING 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 NINETEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAND LAKE 2 MULTI-FAMILY HOLDING LP" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2017.

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



6436214 8300

SR# 20174828727

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 202734909

Date: 06-19-17