

B17000000164

Kim Madlock 800-432-3622

(2017) 06 / 2017 04 51

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.

((H17000163354 3)))



H170001633543ABC/

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 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP  
SAND LAKE 2 ACQUISITION LP

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JUN 19 PM 12:49

FILED

\*\*\*\*\*FILE FOURTH\*\*\*\*\*



June 21, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: SAND LAKE 2 ACQUISITION LP  
REF: W17000051430

**\*\*\* 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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. #: H17000163354  
Letter Number: 417A00012581

RECEIVED

2017 JUN 22 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11

P.O BOX 6327 - Tallahassee, Florida 32314



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

**1. Sand Lake 2 Acquisition 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.

**2. Delaware**

State or Country of Formation

**3. 06/06/2017**

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 Acquisition (GP) LLC

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: \_\_\_\_\_

FILED  
17 JUN 19 PM 12:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 1 of 2

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 Acquisition (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

Page 2 of 2

FILED  
17 JUN 19 PM 12:49  
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 ACQUISITION 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 ACQUISITION 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.



6436222 8300

SR# 20174828872

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202734937

Date: 06-19-17