

B17000000166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

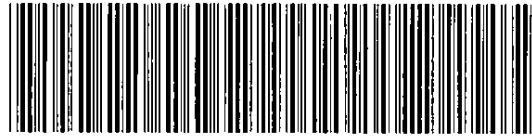
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200300788422

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D SCOTT
JUN 28 2017

~~* PLEASE FILE SECOND *~~

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

ACCOUNT NO. : I20000000195
REFERENCE : 700626 7289394
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 1061.25

ORDER DATE : June 26, 2017
ORDER TIME : 9:25 AM
ORDER NO. : 700626-010
CUSTOMER NO: 7289394

FOREIGN FILINGS

NAME: PMG-GREYBROOK RIVERFRONT
COMMERCIAL I, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

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CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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

1. PMG-GREYBROOK RIVERFRONT COMMERCIAL I, 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.L.L.P.

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

3. JANUARY 4, 2017

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 82-1976026

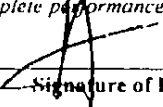
5. Name of Registered Agent for Service of Process and Florida Street Address:

MATTHEW ELLISH

1441 BRICKELL AVENUE, SUITE 1510

MIAMI, FLORIDA 33131

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

7. Principal Office:

1441 BRICKELL AVENUE, SUITE 1510

MIAMI, FLORIDA 33131

8. Mailing Address:

1441 BRICKELL AVENUE, SUITE 1510

MIAMI, FLORIDA 33131

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

PMG-GREYBROOK RIVERFRONT COMMERCIAL I GP, LLC

Name of General Partner: _____

Name of General Partner: _____

Street Address: 1441 BRICKELL AVNEUE, SUITE 1510

Street Address: _____

MIAMI, FLORIDA 33131

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

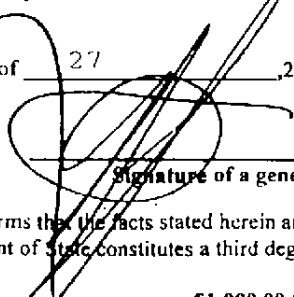
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JUNE day of 27, 2017



Signature of a general partner

The individual signing this document affirms 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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TALLAHASSEE, FL

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PMG-GREYBROOK RIVERFRONT COMMERCIAL I, 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-SIXTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PMG-GREYBROOK RIVERFRONT COMMERCIAL I, LP" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2017.

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

17 JUN 27 PM 8:49
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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20174946876

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

Authentication: 202779244

Date: 06-26-17