9/28/2017

# Division of Corporation

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.

(((H170002554593)))



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Ta:

File 2nd, please process AFTER the

Division of Corporations LLC filing for fax Audit# Fax Number : (850)617-6383

H17000255457 has been completed.

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Fax Number : (954)208-0845

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

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

#### FLORIDA/FOREIGN LP/LLLP PX ULT AMELIA LP

Certificate of Status	0
Certified Copy	()
Page Count	05
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D. SCOTT

Electronic Filing Menu Corporate Filing Menu

Help SEP 29 2017

#### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PX ULT Amelia LP			
	ertnership of Limited	Liability Limited Partnership	<del></del>
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this		o register a foreign limited partner	ship or limited liability limited
Laoure Louche			
Contact Person		_	
Blaívas & Associates, P.C.			
Firm/Company		<del></del>	·
1430 Broadway, Suite 1603			
Address	***************************************	<del></del>	
New York, New York 10018			
City, State and Zip Code		<del></del>	
gdavis@hr-reit.com		_ <del>_</del>	
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this matter, pl			
Laoure Louche	at (212	949-7550	_
Name of Contact Person	Area Code	and Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:			
\$1,000.00 Filing Fees \$1,008.75 Filing F (\$965 Filing Fee and \$35 Registered Agent Fee)	ces S1,052.50 F and Certifie		i
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MALLING AD Registration Ser Division of Cor P. O. Box 6327 Tallahassec, FL	ction porations	<b>7 7</b>

1. PX ULT Amelia LP

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

If name unavailab	le, name under which the limited parte	nership or limited liability limited partnership p	roposes to register to transact	
•		ida; must contain acceptable suffix.		
2. Delaware				
	State or Country of Formation	Date of Formatio	11	
4. Federal Employ	er Identification Number:			
5. Name of Registe	ered Agent for Service of Process and	d Florida Street Address:		
C T Corporation S	ystem			
1200 South Pine Is	land Road			
Plantation, Florida	33324			
6. I hereby accept to of all statutes remmy position as re	lutive to the proper and complete delete gestered agent.  By:  C T Corporation	ad agree to act in this capacity. I further agree or myduites, and Lam familian with a System CLE CONTROLL OF THE STORM CAPE OF REGISTERS Agent	to comply with the provisions nd accept the obligations of	
7. Principal Office: 8. Mai		8. Mailing Address:	Iniling Address:	
		3625 Dufferin Street, Suite 500		
		Toronto, Onterio M3K 1N4		
9. If limited partn	ership is a limited liability limited pa	artnership, check box.		
	al office address, and mailing addre	ss of each general partner:		
	al Partner: PX ULT Amelia GP LLC	Name of General Partner:	<u> </u>	
Name of Gener			**_ * . ********************************	
	3675 Dufferin Street, Suite 500	Street Address:		
Name of Gener Street Address:	3675 Dufferin Street, Suite 500	Street Address:	- P -	
Street Address:	Toronto, Ontario M3K 1N4		EP 28	
	Toronto, Ontario M3K 1N4	Street Address:  Mailing Address:	77 70 7	
Street Address: Mailing Addres	3625 Dufferin Street, Suite 500 Toronto, Ontario M3K 1N4 3625 Dufferin Street, Suite 500		P 28 111 7:	
Street Address: Mailing Address Name of Gener	3625 Dufferin Street, Suite 500 Toronto, Ontario M3K 1N4 3625 Dufferin Street, Suite 500 Toronto, Ontario M3K 1N4 al Partner:	Mailing Address:	P 28 11 7: 3	

Page 1 of 2

Name of General Pariner:	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 27th day of September	20 17			
Signuture 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.				

Page 2 of 2

\$52.50 \$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees:

Certified Copy (optional): Certificate of Status (optional):

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PX ULT AMELIA 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-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

٠. ;

at corn delaware gov/aut

6558625 8300

SR# 20176381006

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

Justiney W. Blufface, Seventary of State

Authentication: 203307924

Date: 09-28-17