

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (512)418-6949
 Fax Number : (954)208-0845

2nd, please process this LP registration AFTER the I.L.C registration for fax audit# H17000333322 has been completed.

****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
Las Olas Walk Owner, LP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,000.00

2017 DEC 20 AM 11:38

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 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Olas Walk Owner, 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:

John David Lind, Esq.

Contact Person

Broad and Cassel LLP

Firm/Company

390 N. Orange Avenue, Suite 1400

Address

Orlando, Florida 32801

City, State and Zip Code

jind@broadandcassel.com

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

For further information concerning this matter, please call:

John David Lind, Esq.

at (407)

839-4200

Name of Contact Person

Area Code and Pnytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fee, Certified Copy, and 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

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17 DEC 20 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Las Olas Walk Owner, 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. November 1, 2017

Date of Formation

4. Federal Employer Identification Number: _____

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

CT Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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.

Tia Bloughy, Esq.
Signature of Registered Agent

7. Principal Office:

2001 Summit Park Drive, Suite 300

Orlando, Florida 32810

8. Mailing Address:

2001 Summit Park Drive, Suite 300

Orlando, Florida 32810

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: Las Olas Walk Owner GP, LLC

Name of General Partner: _____

Street Address: 2001 Summit Park Drive, Suite 300

Street Address: _____

Orlando, Florida 32810

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: _____

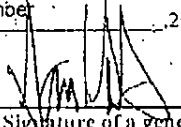
Street Address: _____ Street Address: _____

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 19th day of December, 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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CLERK OF STATE
TALLAHASSEE, FLORIDA

LAS OLAS WALK OWNER GP, LLC
2001 Summit Park Drive, Suite 300
Orlando, Florida 32810

December 6, 2017

Office of the Secretary of State
State of Florida -- Filing Section

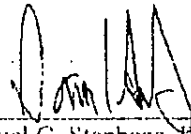
Re: LAS OLAS WALK OWNER GP, LLC
LAS OLAS WALK OWNER, LP
Our File No: 32438.0065

Dear Sir or Madam:

Please allow this letter to serve as consent by LAS OLAS WALK OWNER GP, LLC, for LAS OLAS WALK OWNER, LP, to be formed as a foreign limited partnership with the name "LAS OLAS WALK OWNER, LP." Any potential name conflicts are hereby waived.

If you have any questions, please let me know. Thank you for your assistance.

Very truly yours,



Samuel C. Stephens, III
Executive Vice President

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAS OLAS WALK OWNER, 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 TWENTIETH DAY OF DECEMBER, A.D. 2017.

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

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TALLAHASSEE, FLORIDA



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SR# 20177681151

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

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

Authentication: 203797609

Date: 12-20-17