

B18000000106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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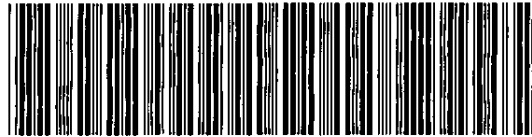
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2018 APR 20 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
2018 APR 20 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 23 2018  
J. HARRIS

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

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

ACCOUNT NO. : I20000000195  
REFERENCE : 173304 7561881  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 1052.50

ORDER DATE : April 19, 2018  
ORDER TIME : 9:17 AM  
ORDER NO. : 173304-015  
CUSTOMER NO: 7561881

FOREIGN FILINGS

NAME: TUSCANY BAY MULTI-FAMILY  
HOLDING LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

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

1. Tuscany Bay 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 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. 04/12/2018

Date of Formation

4. Federal Employer Identification Number: 35-2625739

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

Corporation Service Company

1201 Hays Street

Tallahassee, 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.

By: Roxanne Turner

Signature of Registered Agent

Roxanne Turner  
Asst. Vice President

7. Principal Office:

12065 Tuscany Bay Drive

Tampa, FL 33626

8. Mailing Address:

P. O. Box 1890, Station B

Mississauga, ON L4Y 3W6

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: Tuscany Bay Multi-Family Holding (GP) LLC

M1800003806

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

Street Address: 12065 Tuscany Bay Drive

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

Tampa, FL 33626

Mailing Address: P. O. Box 1890, Station B

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

Mississauga, ON L4Y 3W6

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

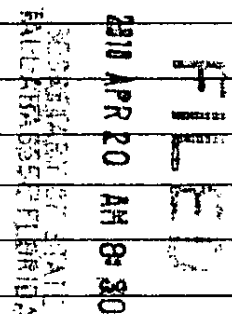
Name of General Partner: \_\_\_\_\_

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

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

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

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



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 \_\_\_\_\_ day of April, 2018

Tuscany Bay Multi-Family Holding (GP) LLC

By: E. Kirsh

Signature of a general partner Evan Kirsh, President

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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2018 APR 20 AM 8:30  
DEPARTMENT 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 "TUSCANY BAY 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 APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUSCANY BAY MULTI-FAMILY HOLDING LP" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2018.

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



6843111 8300

SR# 20182851300

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 202545046

Date: 04-19-18