## B 18000000 108

(Requestor's	Name)
(Address)	
(Address)	
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(City/State/Zip	o/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Dusinese Em	ity (varie)
(Document No	ımber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Offic	er:
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Office Use Only



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CORPORATION SERVICE COMPANY

\*\*FLLE SECOND\*\*

1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 173304 7561881

Sprince

AUTHORIZATION

COST LIMIT : \$ 1052.750

ORDER DATE: April 19, 2018

ORDER TIME : 9:13 AM

ORDER NO. : 173304-005

CUSTOMER NO: 7561881

## FOREIGN FILINGS

NAME: TUSCANY BAY ACQUISITION LP

XXXX QUALIFICATION (TYPE: <u>LP</u>)

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

Tuscany Bay Acqu	isition LP	
Acceptable Limited I	Partnership suffixes: Limited Partnership, L	nimited Partnership, which must include suffix) imited, L.P., LP, or Ltd. ed Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable		or limited liability limited partnership proposes to register to transact est contain acceptable suffix.
2 Delaware		3. 04/12/2018
<del>-</del>	ate or Country of Formation	Date of Formation
4. Federal Employe	r Identification Number: applied for	
5. Name of Register	ed Agent for Service of Process and Flori	da Street Address:
Corporation Service	Company	
1201 Hays Street		
Tallahassee, FL 323	01	
of all statutes rela	ntive to the proper and complete performance istered agent. Corporation Service Com-	e to act in this capacity. I further agree to comply with the provisions e of my duties, and I am familiar with and accept the obligations of Roxanne Turner  Registered Agent  Asst. Vice President
7. Principal Office: 8. M:		Mailing Address:
12065 Tuscany Bay Drive P. O		. O. Box 1890, Station B
Tampa, FL 33626	, N	fississauga, ON L4Y 3W6
<del>-</del>		sch general partner:
Street Address:	12065 Tuscany Bay Drive	Street Address:
	Tampa, FL 33626	
	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:
	days after the date this document is filed by the Florida Department of State.) the applicable statutory filing requirements, this date will not be listed as the e's records.
Florida Department of State, by the Secretary of State the law of which it is organized.	nticated, not more than 90 days prior to the delivery of this application to the te or other official having custody of the entity's records in the jurisdiction under
Signed this day of April	,20 18
Signed this day of April Tusc	Signature of a general partner Evan Kirsh, President
	e 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: Certified Copy (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TUSCANY BAY 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 APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUSCANY BAY ACQUISITION 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.

Authentication: 202545044

Date: 04-19-18

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SR# 20182851296