

Division of Corporations

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**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 : GREENSPOON YARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

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

Email Address: jmillers@aleats.com

**FLORIDA/FOREIGN LP/LLLP
THE ASPECT AL LP**

B FIGUEROA**APR 24 2018**

Certificate of Status	1
Certified Copy	1
Page Count	04
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DATE OF 4/19/2018**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2018 APR 23 AM 10:30

FILED

4/19/2018

RECEIVED
2018 APR 23 PM 4:44
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

H18000123299

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

1. The Aspect AL 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. 4-3-2018

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 82-5150078

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

Joseph G. Lubeck

1331 South Killian Drive, Suite A

Lake Park, FL 33403

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:

4890 W. Kennedy Blvd., Suite 240

Tampa, FL 33609

8. Mailing Address:

4890 W. Kennedy Blvd., Suite 240

Tampa, FL 33609

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: The Aspect GP LLC

Name of General Partner:

Street Address: 4890 W Kennedy Blvd., #240

Street Address:

Tampa, FL 33609

Mailing Address: 4890 W Kennedy Blvd., #240

Mailing Address:

Tampa, FL 33609

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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STATE OF FLORIDA
TALLAHASSEE

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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.)

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 April, 2018
By: THE ASPECT GP LLC

By: Joseph G. Lutzsch, authorized person

The individual signing this document affirm 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

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Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ASPECT AL 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 FOURTH DAY OF APRIL, A.D. 2018.

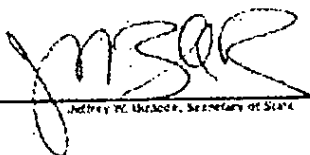
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

10



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SR# 20182418858

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 202446859

Date: 04-04-18

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