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.

(((H180001657343)))



H180001657343ABC2

| To:       | Division of Corporations                                                                 |                           | 2018 JUN -4 PH H. O.                  |
|-----------|------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|
|           | Fax Number : (850)617-6383                                                               |                           | 一 語話 主                                |
| From:     |                                                                                          |                           | (%) A                                 |
|           | Account Name : HARVARD BUSING<br>Account Number : I20080000045                           | ESS SERVICES, INC.        | 1950 F                                |
|           | Phone : (302)645-7400                                                                    |                           | · · · · · · · · · · · · · · · · · · · |
|           | Fax Number : (302)645-1280                                                               |                           |                                       |
| Em        | ail Address: ur@golfgate.com                                                             | i                         |                                       |
|           |                                                                                          |                           | <del></del>                           |
| <b></b>   | FLORIDA/FOREIC                                                                           | GN LP/LLLP                | 18 JUN                                |
|           |                                                                                          | GN LP/LLLP                | 18 JUN -                              |
| <b></b>   | FLORIDA/FOREIC                                                                           | GN LP/LLLP                | 18 JUN -4                             |
| <b></b> - | FLORIDA/FOREIC<br>GolfGate Hold                                                          | GN LP/LLLP                |                                       |
| <b></b>   | FLORIDA/FOREIC<br>GolfGate Hold<br>Certificate of Status                                 | GN LP/LLLP<br>ings LP     |                                       |
| <b>-</b>  | FLORIDA/FOREIC GolfGate Hold Certificate of Status Certified Copy                        | GN LP/LLLP ings LP        |                                       |
| <b></b>   | FLORIDA/FOREIC<br>GolfGate Hold<br>Certificate of Status<br>Certified Copy<br>Page Count | GN LP/LLLP ings LP  1 0 5 |                                       |

Corporate Filing Menu

K SALY

Help

Electronic Filing Menu

(((H18000165734 3)))

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

| Acceptable Limited F                                                | imited Partnership or Limited Lis<br>Partnership suffixes: Limited Partne                                  | ability Limited Partnership, which must includership, Limited, L.P., L.P., or Ltd. s: Limited Liability Limited Partnership, L.L.L. |                                  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|                                                                     | e, name under which the limited part<br>business in Flo                                                    | nership or limited liability limited partnership orda; must contain acceptable suffix.                                              | proposes to register to transact |
| 2. Delaware                                                         |                                                                                                            | 05/29/2018                                                                                                                          |                                  |
| St                                                                  | ate or Country of Formation                                                                                | Date of Formati                                                                                                                     | on                               |
| 4. Federal Employe                                                  | r Identification Number:                                                                                   |                                                                                                                                     | 70 B                             |
| 5. Name of Register                                                 | ed Agent for Service of Process at                                                                         | nd Florida Street Address:                                                                                                          | E 7                              |
| Uriel Rubinov                                                       |                                                                                                            |                                                                                                                                     |                                  |
| 2263 NW 2nd Ave,                                                    | Sie 108                                                                                                    |                                                                                                                                     | B JULIED FILED                   |
| Boca Raton, FL 334                                                  | 31                                                                                                         |                                                                                                                                     |                                  |
| 6. I hereby accept the of all statutes relatives my position as reg | ative to the proper and complete per<br>gistered agent.                                                    | and agree to act in this capacity. I further agre<br>formance of my duties, and I am familiar with                                  | e to comply with the provisions  |
|                                                                     | Sign                                                                                                       | ature of Registered Agent                                                                                                           |                                  |
| 7. Principal Office:                                                |                                                                                                            | 8. Mailing Address:                                                                                                                 |                                  |
| 2263 NW 2nd Ave,                                                    | Ste 108                                                                                                    | 2263 NW 2nd Ave, Ste 108                                                                                                            |                                  |
| Boca Raton, FL 334                                                  | 131                                                                                                        | Boca Raton, FL 33431                                                                                                                |                                  |
| 10. Name, principa                                                  | ership is a limited liability limited all office address, and mailing address are ColfGate Capital Fund, L |                                                                                                                                     |                                  |
| 22/2 NDV 2-4 1 5 108                                                |                                                                                                            | Street Address:                                                                                                                     |                                  |
| 2000.7007.                                                          | Boca Raton, FL 33431                                                                                       |                                                                                                                                     |                                  |
| Mailing Address                                                     | s:                                                                                                         | Mailing Address:                                                                                                                    |                                  |
| Name of Genera                                                      | ul Pariner:                                                                                                | Name of General Partner:                                                                                                            |                                  |
| Street Address:                                                     |                                                                                                            | Street Address:                                                                                                                     |                                  |
| Mailing Addres                                                      | s:                                                                                                         | Mailing Address:                                                                                                                    |                                  |
|                                                                     |                                                                                                            | Page 1 of 2                                                                                                                         |                                  |

(((H18000165734 3)))

| Name of                                                        | General Partner:                                                                                                                                                                           | Name of General Partner:                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Street Ad                                                      | ddress:                                                                                                                                                                                    | Street Address:                                                                                                                                                                                                                                                                                                              |
| Mailing Address:                                               |                                                                                                                                                                                            | Mailing Address:                                                                                                                                                                                                                                                                                                             |
| Note: If the o<br>document's o<br>12. Attached<br>Florida Depa | date inserted in this block does not meet the effective date on the Department of State's r is a certificate of existence duly authenticate artment of State, by the Secretary of State or | after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the ecords.  ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under |
|                                                                | nich it is organized.  24th day of May                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |
|                                                                |                                                                                                                                                                                            | Aland March                                                                                                                                                                                                                                                                                                                  |
| The individu<br>submitted in                                   | al signing this document affirms that the fac                                                                                                                                              | gnature of a general partner  its stated herein are true and the individual is aware that false information with the false follows as provided for in s.817.155, F.S.                                                                                                                                                        |
|                                                                | Filing Fees:<br>Certified Copy (optional):<br>Certificate of Status (optional):                                                                                                            | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)<br>\$52.50<br>\$8.75                                                                                                                                                                                                                                             |

Page 2 of 2

(((H18000165734 3)))



(((H18000165734 3)))

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GOLFGATE HOLDINGS 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 THIRTY-FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLFGATE HOLDINGS LP" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2018.

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



6906152 8300

SR# 20184708225
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202795241

Date: 05-31-18

(((H18000165734 3)))

850-617-6381

6/1/2018 9:15:55 AM PAGE 1/001 Fax Server



June 1, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HARVARD BUSINESS SERVICES, INC

SUBJECT: GOLFGATE HOLDINGWS LP

REF: W18000051495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist III Registration Section FAX Aud. #: H18000165734 Letter Number: 718A00011369