

B10000000204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2018

OSCAR OSPINA  
1010 NE 2ND AVE  
MIAMI, FL 33132

SUBJECT: PARTICIPANT CAPITAL GROWTH MASTER FUND, LP  
Ref. Number: W18000055522

RECEIVED  
2018 JUL 19 PM 12:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

We have received your document for PARTICIPANT CAPITAL GROWTH MASTER FUND, LP and your check(s) totaling \$1125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please submit a certificate that reflects the name Participant Capital Growth Master Fund, LP. Also on #10 of the application it's very unclear if you're listing a individual or the company.

• Form revised

Every corporation, limited partnership, general partners company or trust listed as a general partner of a limited partnership, or registered limited liability limited partnership registration/filing on file with this office before this filing can be enclosing the appropriate instructions and/or forms for you

• Certificate of Good Standing attached.

Please return your document, along with a copy of this letter your filing will be considered abandoned.

If you have any questions concerning the filing of your doc (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number:

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARTICIPANT CAPITAL GROWTH MASTER FUND, 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:

OSCAR OSPINA

Contact Person

PARAMOUNT RESIDENCES

Firm/Company

1010 NE 2ND AVENUE

Address

MIAMI, FL 33132

City, State and Zip Code

OSCAR@PARAMOUNTRESIDENCES.COM

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

For further information concerning this matter, please call:

OSCAR OSPINA

at ( 786 ) 363-9050

Name of Contact Person

Area Code and Daytime 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

2019 JUN 19 PM 2:27

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

1. PARTICIPANT CAPITAL GROWTH MASTER FUND, 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. 05/04/2018

Date of Formation

4. Federal Employer Identification Number: 83-0806652

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

SERGIO MOISES

1010 NE 2ND AVENUE

MIAMI, FL 33132

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:

1010 NE 2ND AVENUE

MIAMI, FL 33132

S. Mailing Address:

1010 NE 2ND AVENUE

MIAMI, FL 33132

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: Participant RE Holdings Parent, LLC

Street Address: 1010 NE 2nd Avenue

Miami, FL 33132

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street 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 18 day of July, 2018

  
\_\_\_\_\_  
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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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# Delaware

The First State

Page 1

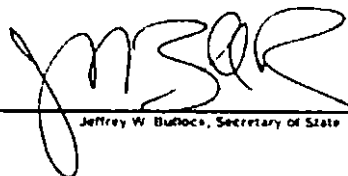
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PARTICIPANT CAPITAL GROWTH MASTER  
FUND, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE  
AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE  
RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D.  
2018.



6871823 8300

SR# 20185543787

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203023115

Date: 07-09-18