# B18000000216

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	a
		1/31

Office Use Only



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07/09/18--01048--016 \*\*1000.00

SECRETARY OF STATE

M. MILLIGAN AUG 07 2018



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2018

GLENN D STORCH 420 S NOVA RD DAYTONA BEACH, FL 32114

SUBJECT: 1901-1903 S. ATLANTIC LP

Ref. Number: W18000066323

We have received your document for 1901-1903 S. ATLANTIC LP and your check(s) totaling \$1000.00. 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.

adoched next page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 418A00014913

PECHIVED

NUSI PHIS 43

#### COVER LETTER

Division of Corporations		
1901-1903 S. Atlantic LP		
SUBJECT: Name of Foreign Limited Partner	ership or Limited I	Liability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this materials.		register a foreign limited partnership or limited liability limited
Glenn D. Storch		
Contact Person		-
Glenn D. Storch, PA		
Firm/Company		-
420 South Nova Road		
Address		-
Daytona Beach, FL 32114		
City, State and Zip Code		-
Robin@Storchlawfirm.com		
E-mail address: (to be used for future annual report	notification)	-
For further information concerning this matter, please	e call:	
Glenn D. Storch	386	238-8383
Name of Contact Person	- \	nd Daytime Telephone Number
Enclosed is a check for the following amount:		
S1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and S35 Registered Agent Fee)  S1,000.00 Filing Fees S1,008.75 Filing Fees and Certificate of Status	S1,052.50 Fill and Certified	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADD Registration Sect Division of Corpe P. O. Box 6327 Tallahassee, FL	ion prations

Tallahassee, FL 32301

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

1901-1903 S. Atlantic 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. State of Delaware Date of Formation State or Country of Formation 4. Federal Employer Identification Number: N/t4 5. Name of Registered Agent for Service of Process and Florida Street Address: Glenn D. Storch 420 S. Nova Road Daytona Beach, FL 32114 6. Thereby accept the appointment as registered agent and agree to act for this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of me duties, and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent 8. Mailing Address: 7. Principal Office: 199 Bay Street 199 Bay Street Ste 2900 Ste 2900 Toronto, ON M5L 1G4 Toronto, ON M5L 1G4 9. If limited partnership is a limited liability limited partnership, check box. 🗌 10. Name, principal office address, and mailing address of each general partner: Fenix Real Estate Opportunity Name of General Partner:\_\_\_\_\_\_ Name of General Partner: Fund I Reverse Hybrid ( , Inc. Street Address: Street Address: 199 Bay St., Ste 2900, Toronto, ON M5L \_\_\_\_ Mailing Address:\_\_\_\_\_\_ Mailing Address: SAME AS STREET ADDRESS Name of General Partner:\_\_\_\_\_\_\_Name of General Partner:\_\_\_\_\_\_ Street Address: Street Address: Mailing Address: Mailing Address:

Name of Ger	noral Partner:	Name of General Partner:
		Street Address:
Mailing Add	dress:	Mailing Address:
Note: If the date document's effect	inserted in this block does not meet the appetive date on the Department of State's reconcertificate of existence duly authenticated, ent of State, by the Secretary of State or other	er the date this document is filed by the Florida Department of State.) plicable statutory filing requirements, this date will not be listed as the ords.  not more than 90 days prior to the delivery of this application to the ner official having custody of the entity's records in the jurisdiction under
	day of	uture of a general partner Henry Withford, President
The individual si submitted in a do	igning this document affirms that the facts	stated herein are true and the individual is aware that false information ates a third degree felony as provided for in s.817.155, F.S.
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

SECRETARY OF STREET

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1901-1903 S. ATLANTIC 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 TWENTY-THIRD DAY OF JULY, A.D. 2018.



Authentication: 203111999

Date: 07-23-18

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

. 1901-1903 S. Atlantic LP

Acceptable Limited P	Partnership suffixes: Limited Partnership	Limite	ted Partnership, which must include suffix) ed, L.P., LP, or Ltd. iability Limited Partnership, L.L.L.P. or LILP.			
If name unavailable	, name under which the limited partnersh business in Florida;	ip or li must co	mited liability limited partnership proposes to register to transact ontain acceptable suffix.			
2. State of Delaware	<del></del>	_ ;	3			
Sta	ate or Country of Formation		Date of Formation			
4. Federal Employe	r Identification Number: <u>N/A</u>					
5. Name of Register	ed Agent for Service of Process and Flo	orida S	treet Address:			
Glenn D. Storch						
420 S. Nova Road						
Daytona Beach, Fl						
6. I hereby accept th of all statutes rela my position as reg	tive to the proper and complete performatistered agent.	ince of	actor this capacity. I further agree to comply with the provisions me duties, and I am familiar with and accept the obligations of gistered Agent			
7. Principal Office:		8. Ma	illing Address:			
199 Bay Street		199 (	Bay Street			
Ste 2900		Ste 2	2900			
Toronto, ON M5L	1G4	Toro	onto, ON M5L 1G4			
9. If limited partne	rship is a limited liability limited parts	 aership	, check box.			
10 Name, principa	l office address, and mailing address o	f each	general partner:			
-	Fenix Real Estate Opportuni					
Name of Genera	Fund I Pouges Hybrid CV Inc		Name of General Partner:			
Street Address:	199 Bay St., Ste 2900, Toronto, ON		Street Address:			
		14132				
Mailing Address: SAME AS STREET ADDRESS			Mailing Address:			
Name of Genera	Partner:		Name of General Partner:			
Street Address:			Street Address:			
Mailing Address			Mailing Address:			

Name of C	General Partner:	Name of General Partner:	_
Street Add	lress:	Street Address:	
Mailing A	ćdress:	Mailing Address:	
(Effective date Note: If the da		after the date this document is filed by the Florida Department of S applicable statutory filing requirements, this date will not be listed a cords.	
Florida Depart		d, not more than 90 days prior to the delivery of this application to other official having custody of the entity's records in the jurisdicti	
Signed this	day of Juli	nature of a general partner Henry Watford, Presid	.ent
	signing this document affirms that the fact	s stated herein are true and the individual is aware that false inform itutes a third degree felony as provided for in s.817.155, F.S.	
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1.000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

Page 2 of 2

### State Of Delaware

**Entity Details** 

6/29/2018 12:56:18PM

File Number: 5577182

Incorporation Date / Formation Date: 7/28/2014

Entity Name: 1901-1903 S. ATLANTIC LP

Entity Kind: Limited Partnership

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 7/28/2014

#### **Registered Agent Information**

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER 1209 ORANGE ST

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 302-658-7581

#### Tax Information

Last AnnualReport Filed:

Tax Due: \$0

Annual Tax Assessment:

\$300

Total Authorized Shares:

#### Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	LP	1	7/28/2014	12:34 PM	7/28/2014

## State of Florida Department of State

I certify from the records of this office that FENIX REAL ESTATE OPPORTUNITY FUND I REVERSE HYBRID GP INC. is an out of the country corporation authorized to transact business in the State of Florida. qualified on August 13, 2013.

The document number of this corporation is F13000003451.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on June 29, 2018, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-ninth day of June, 2018



Secretary of State

Tracking Number: CR2262042017

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

### State Of Delaware

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State: DE

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Phone 302-658-7581

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Last AnnualReport Filed

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Annual Tax Assessment: \$

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Total Authorized Shares:

#### Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	LP	1	7/28/2014	12:34 PM	7/28/2014

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