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ESSEX HOUSE COLLINS, LP

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

& File Second*

COVER LETTER

TO: Registration Section

Division of Corporation				
SUBJECT. ESSEX HO	JUSE COLLIN	S, LP		
SUBJECT: Name of F	oreign Limited Partner	ship or Limited Lis	bility I	Limited Partnership
	ficate of status and fees in Florida.	are submitted to re		a foreign limited partnership or limited liability limited
Karen Rodriguez				
Co	ntact Person			
Triad Professional	Services			
Fir	m/Company			
1720 Windward Co	oncourse, S. 3	90		
	Address			
Alpharetta, GA 300	005			
City, St	tate and Zip Code			
jfattal@jesta.com				
E-mail address: (to be used i	or future annual report	notification)		
For further information concer	ming this matter, please	e call:		
Karen Rodriguez		at (770		-2091
Name of Contact Per	son	Area Code and	Dayti	ime Telephone Number
Enclosed is a check for the fol	lowing amount:			
□ \$1,000.00 Filing Fees	1,008.75 Filing Fees I Certificate of	□\$1,052.50 Filing 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 ADDI Registration Section Division of Corpo P. O. Box 6327 Tallahassee, FL 3	on rations	

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

18 . SEC.	FIL AUG 16	ED 4:30
-1ALLA	HASSEE O	AH 4:30 FSTATE FLORIDA
uffix)	~,	r LORIDA

ESSEX HOUSE COLLI	NS, LP		1.7	AHASSEE, FLO			
(Name of Limited Partner	rship or Limited Liability	Limue	d Partnershtp, which must include suffix) d, L.P., LP, or Ltd. ability Limited Partnership, L.L.LP, or LLLP.	-, ~ L_CO,			
If name unavailable, name under v	which the limited partnership business in Florida; n	p or lin	nited liability limited partnership proposes to rentain acceptable suffix.	gister to transact			
, Delaware			08/14/2018				
State or Country	y of Formation		Date of Formation				
4. Federal Employer Identificatio	n Number:						
5. Name of Registered Agent for S NRAI Services, Inc.	Service of Process and Flo	rida Si	rreet Address:				
1200 South Pine Isla	nd Road						
Plantation, FL 33324							
of all statutes relative to the pro my position as registered agent.	per and complete performa	nce of	act in this capacity. I further agree to comply we my duties, and Dam familiar with and accept the istered Agent	e congaions of			
7. Principal Office: 8			8. Mailing Address:				
755 Berri Street, #200		755 Berri Street, #200					
Montreal, Quebec H2Y 3E5		Montreal, Quebec H2Y 3E5					
		Car	Canada				
9. If limited partnership is a lim	ited liability limited parto	ership	, check box				
10. Name, principal office addre	ss, and mailing address of	f each	general partner:				
Name of General Partner: Es	sex GP, LLC		Name of General Partner:				
Street Address: 755 Berri Street, Suite		00	Street Address:				
Montre	al, Quebec H2Y	3E5_		<u> </u>			
Mailing Address: 755 Be	rri Street, Suite 2	00	Mailing Address:				

Name of General Partner:

| Street Address: | Mailing A

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

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 "ESSEX HOUSE COLLINS, 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESSEX HOUSE COLLINS, LP" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2018.

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





Authentication: 203254466

Date: 08-15-18

7015816 8300 SR# 20186191693