Division of Corporations Electronic Filing Cover Sheet

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(((H180002931023)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone

: (845) 425-0077

Fax Number

: (845)818-3588

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

 Addross:			
 AMMTMAK:			

FLORIDA/FOREIGN LP/LLLP EX GP Park Plaza L.P.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

Acceptable Limited F Acceptable Limited L	imited Partnership or Limited Liabill Partnership suffixes: Limited Partnersh Liability Limited Partnership suffixes: L	imited Liability Limited Partnership, L.L.L.P. or LLLP.		
If name unavailable	, name under which the limited partners business in Florida	ship or limited liability limited partnership proposes to regist s; must contain acceptable suffix.	er to transact	
New York		3.10/4/2018		
4. Federal Employe	ate or Country of Formation r Identification Number: <u>83-21295</u> 8			
 Name of Register Vcorp Services, 	ed Agent for Service of Process and F LLC			
5011 South Sta	te Road 7, Suite 106			
Davie, FL 3331	4	원 -	- WEW	
6. I hereby accept the of all statutes relation as reg	ntive to the proper and complete perform issured agent.	agree to act in this capacity. I further agree to comply with nance of my duties, and I am familiar with and accept the ob		
	Signatui	rc of Registered Agent	-	
7. Principal Office:		8. Mailing Address:		
487R Central A	ve, 1st Floor	487R Central Ave, 1st Floor		
Cedarhurst, NY	11516	Cedarhurst, NY 11516		
Name, principal Name of General Street Address: Mailing Address Name of General	487R Central Ave, 1st Floor Cedarhurst, NY 11516			

	Page 1 of 2	
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:	after the date this document is filed by the	Florida Department of State.)
12. Attached is a certificate of existence duly authenticate Florida Department of State, by the Secretary of State or the law of which it is organized.	other official having custody of the entity	ery of this application to the srecords in the jurisdiction unde
Signed this 5th day of October	, ₂₀	
6	l 24_	
Sig	nature of a general partner	ا ر ب ت
The individual signing this document affirm that the facts submitted in a document to the Department of State cons	s stated herein are true and the individual is titutes a third degree felony as provided fo	s aware that false information; r in s.817.155, F.S.
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 \$52.50	Registered Agent Fee)
Certificate of Status (optional):	\$8.75	ر چ کا
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State of New York Department of State } ss:

I hereby certify, that EX GP PARK PLAZA L.P. a New York Limited Partnership, filed a Certificate of Limited Partnership pursuant to the Partnership Law, on 10/04/2018, and that the Limited Partnership is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Partnership.



Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of October two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

201810050484 * HD