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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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Special Instructions to I	Filing Officer:	
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K. SALY DEC -4 2018

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	12/3/2018	- w: DW
		Acc#I20160000072	4): () = W
Name:	CIO LAKE M	1ARY LIMITED PART	NERSHIP
Document #:			
Order #:	11281989 6		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Juin is a 1-2 Juling. Please file Registration for Lic
Availability Document Examiner Updater	Amount: \$	1052.5 2	
Verifier W.P. Verifier Ref#		Thank you!	Please file application for LP.

COVER LETTER

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Division of Corporations	
SUBJECT: CIO Lake Mary, Limited Partnership	
Name of Foreign Limited Partn	nership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma	tes are submitted to register a foreign limited partnership or limited liability limited atter to:
Cori Hansen	
Contact Person	
c/o City Office REIT, Inc.	
Firm/Company	
1075 West Georgia Street, Suite 2010	
Address	
Vancouver, BC V6E 3C9	
City, State and Zip Code	
chansen@cityofficereit.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, plea	se call:
Cori Hansen	at (604) 806-3567
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees S1,061.25 Filing Fee, and Certified Copy 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

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

18 DEC -3 AH 4:3F

1. CIO Lake Mary, Limited Partnership

(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

II hame ditavanable		ship or limited liability limited partnership proposes to register to transact i; must contain acceptable suffix.	
Delaware		3 11/28/2018	
"' 	ate or Country of Formation	Date of Formation	
l. Federal Employe	r Identification Number 83-2672412		
. Name of Register	ed Agent for Service of Process and F	lorida Street Address:	
C T Corporation Sy	stem		
1200 South Pine Isla	and Road		
Plantation, Florida 3	3324		
	ntive to the proper and complete perform sistered agent. CT Corporation Sy:	agree to act in this capacity. I further agree to comply with the provision nance of my duties, and I am familiar with and accept the obligations of ystem for John Assistant Secretary re of Registered Agent	
7. Principal Office: 8. I		8. Mailing Address:	
•		1075 West Georgia Street, Suite 2010	
Vancouver, BC V6E 3C9		Vancouver, BC V6E 3C9	
•	ership is a limited liability limited par	-	
	CIO Lake Mary GP LLC	Name of General Partner:	
Name of Ganara	if Faither.	Manic of General Landler,	
Name of Genera	1075 West Georgia Street, Suite 2010		
Name of Genera	Vancouver, BC V6E 3C9		
Street Address:	Vancouver, BC V6E 3C9	Street Address:	
	Vancouver, BC V6E 3C9	Street Address:	
Street Address: Mailing Address	Vancouver, BC V6E 3C9 1075 West Georgia Street, Suite 2010 Vancouver, BC V6E 3C9	Street Address: Mailing Address:	
Street Address: Mailing Address Name of Genera	Vancouver, BC V6E 3C9 1075 West Georgia Street, Suite 2010 Vancouver, BC V6E 3C9 al Partner:	Street Address:	

•			18 DEC -3 AH 4: 3F
Name of General Partner:		Name of General Partner:_	- FLORIDA
Street Address:			
Mailing Address:		_	
11. Effective date, if other than the (Effective date cannot be prior to nor Note: If the date inserted in this block document's effective date on the Dep	more than 90 days after the a k does not meet the applicable	date this document is filed by t	
12. Attached is a certificate of exister Florida Department of State, by the State law of which it is organized.			
Signed this 3rd	day of December	20	
-	CIO Lake Mary	GP, LLC, General Partner	

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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

James Farrar, President

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 "CIO LAKE MARY, LIMITED PARTNERSHIP" 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 THIRD DAY OF DECEMBER, A.D. 2018.

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

18 DEC -3 AH 4: 31'
SEVENTÉSSEE, PLORIDA



Authentication: 204010374

Date: 12-03-18

7169100 8300 SR# 20187926112