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(((H18000363708 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CLARK PARTINGTON

Account Number : I20140000059

: (850)650-3304

Fax Number

: (850)650-3305

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

Ema11	Add	res	\$:	
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tdyess@cavaliergrp.com

FLORIDA/FOREIGN LP/LLLP Whitefish Number Three, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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

Whitefish Number	Three, L.P.		
Acceptable Limited i	Partnership suffixes: Limited Partner	bility Limited Partnership, which must include whip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P.	
If name unavailable	e, name under which the limited parts business in Flor	tership or limited liability limited partnership projets must contain acceptable suffix.	oposes to register to transact
, Mississippi		3. 11/2/2005	
St	ate or Country of Formation	Date of Formation	
4. Federal Employe	er Identification Number: 20-37444	03	
5. Name of Register	red Agent for Service of Process an	d Florida Street Address:	
Richard Sherrill, Es	q.		
125 East Intendence	a Street		
Pensacola, FL 3250	2		
6. I hereby accept the of all statutes release my position as reg	ntive to the proper and complete perfective to the p	nd agree to act in this capacity. I further agree to formunce of my duties, and I am familiar with and ture of Registered Agent	o comply with the provisions of accept the obligations of
7. Principal Office:		8. Mailing Address:	
300 Concourse Blvo	i., Ste. 101	300 Concourse Bivd., Ste. 101	
Ridgeland, MS 39157		Ridgeland, MS 39157	DEC.
Name, principal Name of General Street Address: Mailing Address Name of General	Ridgoland, MS 39157	Street Address: Name of General Partner: Street Address: Mailing Address: Name of General Partner: Street Address:	26 AM 9: C2 ANT OF START SEEL: FI DIN BY
Mailing Address	S:	Mailing Address:	

Page I of 2

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Name of Ger	neval Portner:	Name of General Partne	r:
Street Addre	55:	Street Address:	
Mailing Add	ress:	Mailing Address:	
(Effective date co	te, if other than the date of filling:	applicable statutory filing requirement	
12. Attached is a Florida Departmenthe law of which		ted, not more than 90 days prior to the other official having custody of the e	e delivery of this application to the mutry's records in the jurisdiction under
Signed this	20th day of Decemb	er ,2018	
		gnature of a general partner	
The individual si submitted in a de	gning this document affirms that the fac scurrent to the Department of State com-		
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$52.50 \$8.75	d S35 Registered Agent Fee)
		Page 2 of 2	AH 9: 02



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Partnership ACT to be filed in my office do hereby certify that:

WHITEFISH NUMBER THREE, L.P.

Formed the 2nd day of November, 2005

A Mississippi Limited Partnership has filed the necessary documents in this office and has obtained a certificate of Limited Partnership under the provisions of The Mississippi Limited Partnership Act as shown by the records in this office.

That the registered office of said partnership is located at:

300 Concourse Blvd, Suite 101 Ridgeland, MS 39157

and that the registered agent at that address is

Yerger, Wirt Adams, III

I further certify that said Limited Partnership has paid the fees for filing the above papers as required by law as shown by the records of this office and that said partnership is in good standing to do business in Mississippi at this time.

> Given under my hand and seal of office the 13th day of November, 2018

> > Dellat Noseman, 1.

C. Delbert Hosenann, Ir.

Secretary of State

Certificate Number: CN18059251

Verify this certificate online at http://corp.sos.ns.gov/corpconv/verifycertificate.aspx