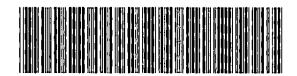
73190000000013

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| W19-3090 CUO + GP NOT FILED | | | | |

Office Use Only



500322078345

12/28/16--01015---030 ••1061.25

19 JAH 17 PM 3:52

K SALY JAN 18 2019



Filing Cover Sheet

| To: Florida Division of Corporations | |
|---------------------------------------|-----------------------------------|
| From: Kim Tadlock C/O Capitol Service | s, Inc. |
| Date: 1/17/2019 | |
| Trans#: 1026020 | |
| Entity Name: 49 TH STREET | APARTMENTS INVESTORS LP |
| Articles Incorporation () | Articles of Amendment () |
| Articles of Dissolution () | Annual Report () |
| Conversion () | Fictitious Name () |
| Foreign Qualification (XX) | Limited Liability () |
| Limited Partnership () | Merger () |
| Reinstatement () | Withdrawal / Cancellation () |
| Other () | |
| STATE FEES PREPAID WITH CHEC | K# FOR * Funds already paid in 18 |
| PLEASE RETURN: | EVE amount of \$1 1061.25 |
| Certified Copy (XX) | Plain Photocopy () |
| Good Standing (XX) | Certificate of Fact () |

Phone: 855-498-5500



FLORIDA DEPARTMENT OF STATE Division of Corporations

BARBARA C O'SHAUGHNESSY, FRP Also you can give 1/17/19=

QUARLES & BRADY LLP 101 E KENNEDY BLVD, STE. 3400 / W the Tile date.

TAMPA, FL 33602

SUBJECT: 49TH STREET APARTMENTS INVESTORS LP

Ref. Number: W19000003090

We have received your document for 49TH STREET APARTMENTS INVESTORS LP and your check(s) totaling \$1061.25. 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.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 119A00000773

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--|---|--|---|
| SUBJE | CCT: 49th Street Apartments Investors L | .P | |
| | Name of Foreign Limited Part | nership or Limited | Liability Limited Partnership |
| partner | closed application, certificate of status and fi ship to transact business in Florida. return all correspondence concerning this ma | | o register a foreign limited partnership or limited liability limited |
| Noam | Avrahami | | |
| - | Contact Person | | _ |
| 49th S | treet Apartments Investors LP | | |
| | Firm/Company | | _ |
| P.O. B | ox 162027 | | |
| | Address | | _ |
| Altamo | onte Springs, FL 32716 | | |
| | City, State and Zip Code | | - |
| | @roi-cap.com | | |
| E-ma | I address: (to be used for future amuni repo | rt notification) | _ |
| For furt | her information concerning this matter, plea | se call: | |
| Noam | Avrahami | 786 at (| , 405-0927 |
| | Name of Contact Person | _ ` | and Daytime Telephone Number |
| Enclose | d is a check for the following amount: | | |
| (\$96 | 55 Filing Fee and and Certificate of Registered Agent Status | s S1,052.50 Fi and Certified | ling Fees \$1,061.25 Filing Fee. I Copy Certified Copy, and Certificate of Status |
| Registra Division Clifton 2661 Ex | T ADDRESS: ation Section a of Corporations Building accutive Center Circle assee, FL 32301 | MAILING ADI Registration Sec Division of Corp P. O. Box 6327 Tallahassee, FL | tion porations |

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

19 JAN 17 PH 3:52

49th Street Apartments Investors 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 unavailat | ole, name under which the limited part | tnership or limited liability limited partnership proposes to register prida; must contain acceptable suffix. | to transac |
|--|--|--|------------------------|
| ₂ Delaware | onsitiess in tito | 3. 12/9/18 | |
| * | State or Country of Formation | Date of Formation | |
| 4. Federal Employ | er Identification Number: | 35-2647582 | |
| 5. Name of Registor Shay Milech | ered Agent for Service of Process ar | nd Florida Street Address: | |
| 2700 W. Cypress | Creek Road, #D128 | | |
| Fort Lauderdale, | FL 33309 | | |
| 6. I hereby accept a of all statutes re- my position as re | lative to the proper and complete perf gistered agent. | and agree to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the oblig | provision ations of |
| 7. Principal Office: 8.3 251 Little Falls Drive 25 | | 8. Mailing Address: 251 Little Falls Drive | |
| | | Wilmington, DE 19808 | |
| 10. Name, princips | ership is a limited liability limited p al office address, and mailing addre al Partner: 49th Street Apartments C 2700 W. Cypress Creek Road, # Altamonte Springs, FL 32716-20 | SSS of each general partner: GP LLC Name of General Partner: D128 Street Address: | |
| Mailing Address | P.O. Box 162027 Altamonte Springs, FL 32716-20 | Mailing Address: | |
| Name of Genera | l Partner: | Name of General Partner: | |
| Street Address: | | Street Address: | |
| Mailing Address | : | Mailing Address: | |

19 JAN 17 PH 3:52

| Name of 0 | General Partner: | Name of General Partner; | LONIDA |
|---------------------------------|--|--|------------------------------------|
| Street Add | dress: | Street Address: | - A |
| Mailing A | ddress: | Mailing Address: | |
| 11. Effective of | date, if other than the date of filing: 12/ | 9/18 | |
| ivote: If the da | cannot be prior to nor more than 90 days te inserted in this block does not meet the fective date on the Department of State's | after the date this document is filed by the Florida Departuable statutory filing requirements, this date will not ecords. | tment of State.) be listed as the |
| a toriua Departi | a certificate of existence duly authentical ment of State, by the Secretary of State or th it is organized. | ed, not more than 90 days prior to the delivery of this app other official having custody of the entity's records in the | dication to the jurisdiction under |
| Signed this 27 | th day of December | .20 18 | |
| | | | |
| | Si | nature of a general partner | |
| The individual submitted in a c | signing this document affirms that the fac- | ts stated herein are true and the individual is aware that fa titutes a third degree felony as provided for in s.817.155, l | lse information F.S. |
| | Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Age \$52.50 | |

Page 2 of 2

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "49TH STREET APARTMENTS INVESTORS 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 JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "49TH STREET APARTMENTS INVESTORS LP" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2018.

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

19 JAN 17 PH 3:5

Jeffrey W. Bulleck, Secretary of State

Authentication: 202085521

Date: 01-15-19

7188240 8300 SR# 20190290406

You may verify this certificate online at corp.delaware.gov/authver.shtml