

B1900000000leS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

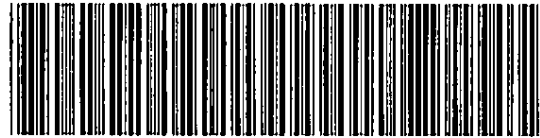
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. PRATHER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Douglas One LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Tim Sanders

Contact Person

13th Floor Investments

Firm/Company

848 Brickell Avenue PH1

Address

Miami, FL 33131

City, State and Zip Code

tsanders@13fi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisa Seguin

at ( 786 ) 220-0460

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

|   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> <del>\$1,000.00 Filing Fees</del> | <input type="checkbox"/> \$1,008.75 Filing Fees | <input type="checkbox"/> \$1,052.50 Filing Fees | <input type="checkbox"/> \$1,061.25 Filing Fee, |
| ( \$965 Filing Fee and  | and Certificate of                              | and Certified Copy                              | Certified Copy, and                             |
| \$35 Registered Agent   | Status  |   | Certificate of Status                           |
| Fee)  |   |   |   |

**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**

1. Miami Douglas One 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 unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware 3. 2/27/2019  
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 83-3840071

5. Name of Registered Agent for Service of Process and Florida Street Address:

Timothy Sanders  
848 Brickell Avenue PH1  
Miami, FL 33131

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

7. Principal Office:  
848 Brickell Avenue PH1  
Miami, FL 33131

8. Mailing Address:  
848 Brickell Avenue PH1  
Miami, FL 33131

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Adler 13th Floor Douglas Station GP, LLC Name of General Partner: \_\_\_\_\_

Street Address: 848 Brickell Avenue PH1 Street Address: \_\_\_\_\_  
Miami, FL 33131

Mailing Address: 848 Brickell Avenue PH1 Mailing Address: \_\_\_\_\_  
Miami, FL 33131

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

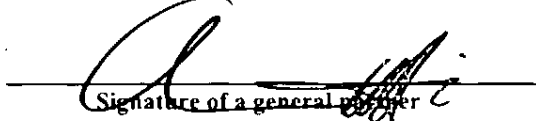
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 1 day of March, 20 19.

  
\_\_\_\_\_  
Signature of a general partner

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  |

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TALLAHASSEE, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIAMI DOUGLAS ONE 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIAMI DOUGLAS ONE LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2019.

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



7299540 8300

SR# 20191501794

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202338168

Date: 02-27-19