13/9000000213

(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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19 AUG - 7 PH 9:38

K. SALY AUG - 5 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 873233 5174517				
AUTHORIZATION: Spellice man				
COST LIMIT : \$ 1000-60				
ORDER DATE : August 6, 2019				
ORDER TIME : 8:55 AM				
ORDER NO. : 873233-010				
CUSTOMER NO: 5174517				
FOREIGN FILINGS				
NAME: SHAVUAH TOV REALTY (I-4 LOGISTICS TAMPA) ADA COMPLIANT LIMITED PARTNERSHIP				
XXXX QUALIFICATION (TYPE: <u>LP</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Amanda Robinson EXT# 62968				
EXAMINER:				

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shavuah Tov Realty (I-4 Logistics Ta	mpa) ADA Complia	ant Limited Partnership
Name of Foreign Limited Part		
The enclosed application, certificate of status and for partnership to transact business in Florida. Please return all correspondence concerning this management of the partnership of the property of the partnership of the		register a foreign limited partnership or limited liability limited
Fred Tkalec		
Contact Person		-
Shavuah Tov Realty (I-4 Logistics Tampa) ADA C	ompliant Limited Pa	a
Firm/Company		•
17304 Preston Road, Suite 550		
Address		
Dallas, Texas 75252		
City, State and Zip Code		
ftkalec@dalfen.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, pleas	se call:	
Fred Tkalec	at (514	、938-1048
Name of Contact Person		d Daytime Telephone Number
Enclosed is a check for the following amount:		
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filir and Certified C	ng Fees \$1,061.25 Filing Fee, Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDR Registration Section Division of Corpor P. O. Box 6327 Tallahassee, FL 32	on rations

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA

		BUSINESS IN FLORIDA	19 Alica
·· 	ealty (1-4 Logistics Tampa) ADA Complian	-	19 AUG -7 PH 9: 30
- Acceptable Limited	Limited Partnership or Limited Liabilit d Partnership suffixes: Limited Partnership d Liability Limited Partnership suffixes: Li	D. Limited, L.P., LP, or Ltd	include suffix)
If name unavailab	ole, name under which the limited partnersh business in Florida;	ip or limited liability limited partners must contain acceptable suffix.	ship proposes to register to transac
2. Delaware		3. May 7, 2019	
	State or Country of Formation	Date of For	nation
4. Federal Employ	yer Identification Number: 83-4679165		
5. Name of Registe	ered Agent for Service of Process and Flo	orida Street Address:	
Corporation Service	ee Company		
1201 Hays Street			
Tallahassee, FL 32	301		
6. I hereby accept of all statutes remy position as re	By: ICH Cettle	nce of my duties, and I am familiar w	agree to comply with the provision with and accept the obligations of Roxanne Turner Asst. Vice President
7. Principal Office		8. Mailing Address:	
17304 Preston Road		17304 Preston Road, Suite 550	
Dallas Texas 7525	2		
Dallas, Texas 75252		Dallas, Texas 75252	
9. If limited partne	ership is a limited liability limited partne	rship, check box.	
10. Name, principa	al office address, and mailing address of	each general partner:	
Name of Genera	I-4 Logistics Center Tampa GP L	LC Name of General Partner:	
Street Address:	1/304 Preston Road Suite 550	Street Address:	
	Dallas, Texas 75252		
Mailing Address: 17304 Pr	17304 Preston Road, Suite 550	Mailing Add	
	1741145, 1 CARS 1 7232	Mailing Address:	
Name of Genera	! Partner:		
onco manos.			
Mailing Address	:	Mailing Address:	
		-	

Name of General Partne	er:	Name of General Partner:
-,.		
Mailing Address:		Mailing Address:
(Effective date cannot be pri Note: If the date inserted in a document's effective date on 12. Attached is a certificate of	this block does not meet the applicable st the Department of State's records. of existence duly authenticated, not more by the Secretary of State or other officia	te this document is filed by the Florida Department of State.) tatutory filing requirements, this date will not be listed as the than 90 days prior to the delivery of this application to the laborated having custody of the entity's records in the jurisdiction under
Signed this	day of	
	Signature of a	Kalle general partner
The individual signing this do submitted in a document to the	ocument affirms that the facts stated here ne Department of State constitutes a third	in are true and the individual is aware that false information degree felony as provided for in s.817.155, F.S.
Filing Fees	Si: \$1,000	.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2

\$52.50 \$8.75

Certified Copy (optional): Certificate of Status (optional):

19 AUG -7 PH 9: 30



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

DELAWARE, DO HEREBY CERTIFY "SHAVUAH TOV REALTY (I-4 LOGISTICS

TAMPA) ADA COMPLIANT 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

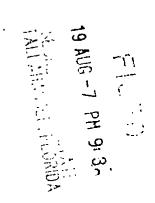
THE SIXTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHAVUAH TOV

REALTY (I-4 LOGISTICS TAMPA) ADA COMPLIANT LIMITED PARTNERSHIP" WAS

FORMED ON THE SEVENTH DAY OF MAY, A.D. 2019.

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





Authentication: 203361421

Date: 08-06-19