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(Reque	stor's Name)			
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(City/St	ate/Zip/Phone #)		
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(Busine	ss Entity Name)	_		
(Docum	ent Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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FILE 2nd

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 845722 5041943

AUTHORIZATION :

COST LIMIT : \$ 10000

ORDER DATE : July 16, 2019

ORDER TIME : 12:45 PM

ORDER NO. : 845722-005

CUSTOMER NO: 5041943

FOREIGN FILINGS

NAME: FPG TULIP, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

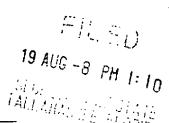
CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62969

EXAMINER:

	COVER LE	TTER	
TO: Registration Section Division of Corporations			
SUBJECT: FPG Tulip, LP			
Name of Foreign Limited Partn	ership or Limited	Liability Limited Partnership	p
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		o register a foreign limited pa	artnership or limited liability limited
Jessica Hansbury			
Contact Person		-	
Foundation Partners Group, LLC			
Firm/Company	-		
4901 Vineland Road, Suite 300			
Address		_	
Orlando, FL 32811			
City, State and Zip Code		-	
Jessica.Hansbury@foundationpartners.com			
E-mail address: (to be used for future annual repo	rt notification)	_	
For further information concerning this matter, plea	ise call:		
Jessica Hansbury	at (680-2766	
Name of Contact Person		and Daytime Telephone Nur	nber
Enclosed is a check for the following amount:			
\$1,000.00 Filing Fees \$1,008.75 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status	s S1,052.50 Fand Certified	iling Fees S1,061.25 Fil d Copy Certified Cop Certificate of	oy, and
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD Registration Sec Division of Cor P. O. Box 6327 Tallahassee, FL	ction porations	



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

FPG Tulip, LP

Mailing Address:

(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 07/10/2019 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 84-2407312 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 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. Convolation Service Company Roxanne Turner Asst. Vice President Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 4901 Vineland Road, Suite 300 4901 Vineland Road, Suite 300 Orlando, FL 32811 Orlando, FL 32811 9. If limited partnership is a limited liability limited partnership, check box 10. Name, principal office address, and mailing address of each general partner: FPG Corporate Holdco, Inc. Name of General Partner: Name of General Partner: 4901 Vineland Road, Suite 300 Street Address: Street Address: Orlando, FL 32811 4901 Vineland Road, Suite 300 Mailing Address: Orlando, FL 32811 Name of General Partner:_______ Name of General Partner:______ Street Address: Street Address:

_____ Mailing Address: ____

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Name of General Part	ner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted i		er the date this document is filed by the Florid licable statutory filing requirements, this date rds.	
	te, by the Secretary of State or oth	not more than 90 days prior to the delivery of er official having custody of the entity's reco	
Signed this 16th	day of		
	<u> Uhus</u> Signa	ture 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)

Certified Copy (optional):

\$52.50 \$8.75

Certificate of Status (optional):

Page 2 of 2

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FPG TULIP, LP" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

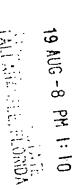
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FPG TULIP, LP"

WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2019.

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





Authentication: 203226910

Date: 07-16-19