

B19000000278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

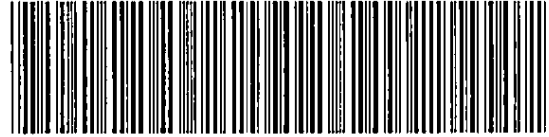
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 NOV 14 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 NOV 14
2:02

K. SALY
NOV 15 2019

FILE 2ND

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

ACCOUNT NO. : I20000000195

REFERENCE : 032657 7694430

AUTHORIZATION : 

COST LIMIT : \$ 1000.00

ORDER DATE : November 1, 2019

ORDER TIME : 12:33 PM

ORDER NO. : 032657-010

CUSTOMER NO: 7694430

FOREIGN FILINGS

NAME: ALTA EAST SHORE OWNER, 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# 62968

EXAMINER: _____

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

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TALLAHASSEE, FLORIDA

1. Alta East Shore Owner, 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

State or Country of Formation

3. October 30, 2019

Date of Formation

4. Federal Employer Identification Number: 84-3547154

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.

Corporation Service Company
By: Roxanne Turner

Roxanne Turner
Asst. Vice President

Signature of Registered Agent

7. Principal Office:

3715 Northside Pkwy NW Ste 4-600

Atlanta, GA 30327

8. Mailing Address:

3715 Northside Pkwy NW Ste 4-600

Atlanta, GA 30327

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: WS East Shore, LLC

Street Address: 3715 Northside Pkwy NW Ste 4-600

Atlanta, GA 30327

Mailing Address: Same as street

Name of General Partner: Sean Reynolds

Street Address: 636 W. Yale Street

Orlando, FL 32804

Mailing Address: Same as street

Name of General Partner: Bryan Borland

Street Address: 636 W. Yale Street

Orlando, FL 32804

Mailing Address: Same as street

Name of General Partner: Beth Day

Street Address: 3715 Northside Pkwy NW Ste 4-600

Atlanta, GA 30327

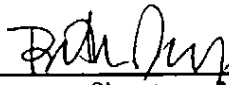
Mailing Address: _____

Name of General Partner: Alexander Panzeri Name of General Partner: David Thompson
Street Address: 401 S Dixie Hwy Ste 303 Street Address: 401 S Dixie Hwy Ste 303
West Palm Beach, FL 33401 West Palm Beach, FL 33401
Mailing Address: Same as street Mailing Address: Same as street

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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1st day of November, 2019



Signature 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
Certificate of Status (optional):	\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTA EAST SHORE OWNER, 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 FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTA EAST SHORE OWNER, LP" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2019.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7679196 8300

SR# 20197865570

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

Authentication: 203917106

Date: 11-01-19