| (Re                     | equestor's Name) |             |
|-------------------------|------------------|-------------|
| (Ad                     | idress)          |             |
| (Ad                     | ldress)          |             |
| (Čit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | ocument Number)  | )           |
| Certified Copies        | _ Certificate:   | s of Status |
| Special Instructions to | Filing Officer:  |             |
|                         |                  |             |
|                         |                  |             |
| <u> </u>                | 21037            | .06         |

Office Use Only



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2019 NOV 27 PH 4: 37
SECALTAKY OF STATE TALL AHASSEE, FLORIDA

FILED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 069667 5174517

AUTHORIZATION

COST LIMIT : 1, \$ 1,000.00

ORDER DATE: November 27, 2019

ORDER TIME : 3:01 PM

ORDER NO. : 069667-005

CUSTOMER NO: 5174517

PODETON ETITNO

FOREIGN FILINGS

NAME: NIFLAOT REALTY LP

XXXX QUALIFICATION (TYPE: <u>LP</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:



Please give original thmission date as file date.

December 2, 2019

CSC

SUBJECT: NIFLAOT REALTY LP Ref. Number: W19000103266

We have received your document for NIFLAOT REALTY LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yvette Scott Document Specialist II

Letter Number: 919A00024318





## COVER LETTER

| TO: Registration Section Division of Corporations   |  |  |  |
|---|--|--|--|
| SUBJECT: NIFLAOT REALTY LP  |  |  |  |
|   | nited Partnership or Limited   | d Liability Limited Partnership  | _  |
| The enclosed application, certificate of statements partnership to transact business in Florida. Please return all correspondence concerning  |  | to register a foreign limited partnersh                                    | up or limited liability limited                |
| Fred Tkalec   |  |  |  |
| Contact Person  | 1  | _  | 20<br>TE                                       |
| Dalfen Industrial   |  |  | 1 5 T  |
| Firm/Company  | <del></del>  | _  | 到 2  |
| 17304 Preston Road, Suite 550   |  |  | FILED<br>2019 NOV 27 PM 1<br>SECALTARY SEE. FI |
| Address   |  |  | PM 4: 37                                       |
| Dallas, Texas, 75252  |  |  | 記るる  |
| City, State and Zip (   | Code   | _  | 4: 37  |
| ftkalec@dalfen.com  |  |  | Ori 7<br>A                                     |
| E-mail address: (to be used for future ann  | ual report notification)   | <del>_</del>   |  |
| For further information concerning this mat   | ter, please call:  |  |  |
| Fred Tkalec   | at ( 541   | , 938-1048   |  |
| Name of Contact Person  | Area Code a  | and Daytime Telephone Number   | _  |
| Enclosed is a check for the following amount  | nt:  |  |  |
| \$1,000.00 Filing Fees \$1,008.75 Files (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Files \$1,008.75 | ing Fees \$1,052.50 Fi<br>te of and Certified  | ling Fees \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status |  |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   | MAILING ADI<br>Registration Secondinistration of Corp<br>P. O. Box 6327<br>Tallahassee, FL | tion<br>orations   |  |

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

## 1. NIFLAOT REALTY 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.

| with vallat                      | ole, name under which the limited pa  | rtnership or limited liability limited parts   | nership proposes to register to transact   |
|----------------------------------|---|--|--|
|                                  | business in Fl  | iorida; must contain acceptable suffix.  | The state of the s |
| 2. Delaware                      | Share Constitution of the | 3. November 26, 2019   |  |
|                                  | State or Country of Formation   | Date of F  | ormation 28  |
|                                  | yer Identification Number:  |  | 19   |
|                                  | ered Agent for Service of Process a   | ind Florida Street Address:  | 当るこ  |
| Corporation Service              | e Company   |  | 2019 NOV 27 SCURLIANASS  |
| 1201 Hays Street                 |   | _  | (T) - \  |
| Tallahassee, FL 32               | 301   |  | PH 4: 3  |
| of un statutes re                | gistered agent. Corporation Servi<br>By:  | and agree to act in this capacity. I further formance of my duties, and I am familia ce Company  ature of Registered Agent | er garge to complywith the maniety   |
| 7. Principal Office              |   |  | Harry B. David   |
| 17304 Preston Road               |   | 8. Mailing Address:<br>17304 Preston Road, Suite 550   | Asst. Vice Presider  |
| Dallas, Texas, 7525              |   |  |  |
|                                  |   | Dallas, Texas, 75252   |  |
|                                  | ership is a limited liability limited p   | <del></del>  |  |
| U. Name, principa                | office address, and mailing addre   |  |  |
| Name of Genera                   | l Partner: Dalfen Orlando JV GP LL  | Name of General Partner:_  |  |
|                                  | 17304 Preston Road, Suite 550   | 2  |  |
| Street Address:                  |   | Street Address:  |  |
| Street Address:                  | Dallas, Texas, 75252  | Street Address;  |  |
| Street Address:  Mailing Address |   | Mailing Address:   |  |
| Mailing Address                  |   | Mailing Address:   |  |
| Mailing Address  Name of General |   | Mailing Address:  Name of General Partner:   |  |

| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seed as 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 the law of which it is organized.  Signed this November day of 26th 20 2019  | Name of General Partner:   | Name of General Partner:  |        |
|--|--|---|--------|
| 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 used as 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 the law of which it is organized.  Signed this November    Author   Author | Street Address:  | Street Address:   |        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be field as 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 the law of which it is organized.  Signed this November day of 26th 20 2019   | Mailing Address:   | Mailing Address:  |        |
| 1 val Tale   | Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's recoil.  12. Attached is a certificate of existence duly authenticated, if Florida Department of State, by the Secretary of State or other the law of which it is organized. | plicable statutory filing requirements, this date will not be used as the rds.  not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under the records in the jurisdiction under the records in the prior to the entity's records in the jurisdiction under the records in the records in the jurisdiction under the records in the records in the jurisdiction under the records in the | =<br>n |
| Signature of a general partner   | Signat   | Tralic<br>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): Certificate of Status (optional):

\$52.50

\$8.75

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NIFLAOT REALTY 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 NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NIFLAOT REALTY

LP" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2019.

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

4: 37 STATE

7723445 8300 SR# 20198341267 Authentication: 204100439

Date: 11-27-19