

(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.							





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02/13/20---01007---003 \*\*1061.25







Holland & Knight	
Requester's Name 315 South Calhoun Street,	suite 600
Address	50) ( 05 - 56 0 6
Tallahassee, FL 32301 (8	<b></b>
City/State/Zip Phone	Office Use Only
	·
ORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if known): Fig. 5
1515 Miami River Des (Corporation Name)	PR CID
(Corporation Name)	(Document #) ORIDE
(Corporation Name)	(Document#)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
•	
CR2E031(7/97)	Examiner's Initials

4,5

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

(Name of L Acceptable Limited	VER DEVELOPMENT, L.P.  Limited Partnership or Limited Liabili Partnership suffixes: Limited Partnershi Liability Limited Partnership suffixes: L	ip, Limit	ed, L.P., LP, or Ltd.	,	<del>-</del> -			
If name unavailable	e, name under which the limited partners business in Florida	ship or li	mited liability limited partnership pro ontain acceptable suffix.	poses to	registe	r to transact		
2. Delaware		. 12/05/2019						
State or Country of Formation 4. Federal Employer Identification Number: N/A			Date of Formation	ALL AH	2020 FEB	<u>—</u> []		
	red Agent for Service of Process and F	Torida S	Street Address:	KRY OF ASSEE, F	3 13 PM	FILED		
175 Fontainebleau E	Blvd, Suite 2G1A			무임된	÷:			
Miami, FL 33172				OF STATE	կ։ 57			
6. I hereby accept the of all statutes relamy position as reg	787 Marion Gomez	ance of	my duties, and I am familiar with and	comply accept t	with th he obli	e prov <b>isions</b> gations of		
	Signature	e of Reg	istered Agent					
7. Principal Office:			Mailing Address:					
175 Fontainebleau Blvd, Suite 2G1A			175 Fontainebleau Blvd, Suite 2G1A					
Miami, FL 33172			Miami, FL 33172					
<ol> <li>Name, principal</li> <li>Name of General</li> </ol>	rship is a limited liability limited partn office address, and mailing address o Partner: Gomez Development 1515 River G	f each g	general partner:		<u> </u>			
Street Address: 175 Fontainebleau Blvd, Suite 2G1A			Street Address:					
	Miami, FL 33172				•			
Mailing Address:			Mailing Address:					
Name of General	Partner:							
Street Address:		<del></del>	Street Address:					
Mailing Address:			Mailing Address:					

Name of Ger	neral Partner:		Name of General I	Partner:				
Street Addre	55:		Street Address: _					
Mailing Add	ress:		Mailing Address:_	2020 FEB 1				
Effective date of Note: If the date document's effective at the date document's effective at the date document's effective at the date document's at the date date document's at the date date date date date date date dat	inserted in this block does ctive date on the Department certificate of existence du ent of State, by the Secreta	than 90 days after not meet the appli nt of State's record ly authenticated, n	the date this document is a cable statutory filing requiles.  ot more than 90 days prior	filed by the Florida Department of State.) irements, this date will not be listed as the to the delivery of this application to the f the entity's records in the jurisdiction under				
	day of	February	.20 20					
			ent 1515 River CP, LLC	_				
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 de	ocument to the Department	of State constitute	es a third degree felony as p	provided for in s.817.155, F.S.				
	Filing Fees: Certified Copy (optiona Certificate of Status (op		\$1,000.00 (\$965 Filing Fo \$52.50 \$8.75	ee and \$35 Registered Agent Fee)				

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Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1515 MIAMI RIVER DEVELOPMENT, L.P." 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 TWELFTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1515 MIAMI, RIVER DEVELOPMENT, L.P." WAS FORMED ON THE FIFTH DAY OF NOVEMBER AND DEVELOPMENT, L.P." WAS FORMED DAY DAY DEVELOPMENT, L.P." WAS FORME

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

Authentication: 202371089

Date: 02-12-20

7688539 8300 SR# 20201029650