

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/i Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sustress Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500341378075

ALLAHASSEE, FLORIDA

HAP -2 DM

2020 IIR - 2 HEIL 12

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: March 3, 2020	Account#. 12000000000		
Name:David Shulman	2020 TĂLI		
Reference #:	2020 MAR -2 PH 4: 45 TALLAHASSEF FLORID  P 88		
Entity Name: OLD TOWN SQUARE, I	LP SSER		
Articles of Incorporation/Authorization to Transact Business			
☐ Amendment	DA S		
Change of Agent	ICCURCA CALI		
Reinstatement	ISSUES? CALL  David:		
Conversion	850-270-0082		
☐ Merger			
☐ Dissolution/Withdrawal			
☐ Fictitious Name			
Other Please provide certified copies of the evidence	AND a good standing		
Authorized Amount: \$1061.25			

Signature:

## **COVER LETTER**

and the second second

TO: Registration Section Division of Corporations		
Old Town Square, LP		
SUBJECT:	Partnership or Limited	Liability Limited Partnership
partnership to transact business in Florida.		to register a foreign limited partnership or limited liability limited
Please return all correspondence concerning th	is matter to:	102(
Jenese Beckstrom		2020 HAR -2
Contact Person		
Jones Walker LLP		S. C.
Firm/Company		The state of the s
445 North Blvd., Suite 800		PH 4: 45 SEE, FLORID
Address		- 高点 <b>5</b>
Baton Rouge, LA 70802		Þ
City, State and Zip Cod	e	_
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter.	please call:	
Jenese Beckstrom	at ( 225	248-2410
Name of Contact Person	Area Code	and Daytime Telephone Number
Enclosed is a check for the following amount:		
(\$965 Filing Fee and \$35 Registered Agent Fee)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

1 Old Town Square,	LP		
Acceptable Limited I	Partnership suffixes: Limited Partnershi	ity Limited Partnership, which must include suff ip, Limited, L.P., LP, or Ltd. .imited Liability Limited Partnership, L.L.L.P. or L	
If name unavailable		ship or limited liability limited partnership proposes; must contain acceptable suffix.	s to register to transact
2. Delaware		3. February 27, 2020	
St	ate or Country of Formation	Date of Formation	7
4. Federal Employe	r Identification Number: 84-4922582	2	P
_	red Agent for Service of Process and F	Florida Street Address:	PH 4: 45
		•	Sim of
201 South Biscayne	Blvd., Suite 2600		
Miami, FL 33131			
	nive to the proper and complete performistered agent.	agree to act in this capacity. I further agree to conmance of my fluties, and I am familiar with and accertion to the state of the stat	
7. Principal Office:		8. Mailing Address:	
		2125 E. Atlantic Blvd.	
Pompano Beach, FL	33062	Pompano Beach, FL 33062	<del></del>
·	rship is a limited liability limited part	·	<del></del>
	Old Town Square Developer	11.0	
Name of Genera	Partner:	Name of General Partner:	
Street Address: 2125 E. Atlantic Blvd.	Street Address:		
	Pompano Beach, FL 33062		
Mailing Address	:	Mailing Address:	
Name of Genera	Partner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address	! <u> </u>	Mailing Address:	

## Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	er the date this document is filed by the Florida Department of State.)
· · · · · · · · · · · · · · · · · · ·	not more than 90 days prior to the delivery of this application to the entity's records in the jurisdiction under
Signed this day of February	
Signat	ure of genefat 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.

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

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

\$52.50 58.75

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OLD TOWN SQUARE, 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-EIGHTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLD TOWN SQUARE,

LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2020. THE

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 202486931

Date: 02-28-20