Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000238258 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

70:

Elvision of Corporations Fax Number : (381)817-8383

Frim:

Account Name : DIT LOREGRATION SYSTEM Account Number : FDALIGIOLOG : (#14)181-8331 Fax Number : (#14)218-1848

Please honor original date

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### FLORIDA/FOREIGN LP/LLLP Onyx Winter Park LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

 $\mathbb{F}_1$ 

Electronic Filing Menu — Corporate Filing Menu

Help

JUL 30 2020

M. SOLOMON

File after cover sheet H20000238250 3

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

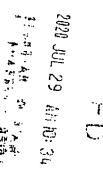
### Conyx Winter Park LP

(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.

	ss in Florida; must contain acceptable suffix.	
Delaware	July 14, 2020	
State or Country of Formati		
. Federal Employer Identification Number _	- · - <del>-</del>	
. Name of Registered Agent for Service of Pi C T Corporation Syste		
1200 S. Pine Island Ro		
Plantation, FL 33324		
iditation, 1 E 3332	<del></del>	
. I hereby accept the appointment as registered of all statutes relative to the proper and company position as registered agent.	dagent and agree to act in this capacity. I turther agree to comply wolete performance of my duties, and I am familiar with and accept the	ith the provisions eabligations of
fally 1	Kathryn A. Widdoes Asstistant Secr Signature of Registered Agent	etary
Principal Office:	8. Mailing Address:	
1890 W. Kennedy Blvd., Suite 2	4890 W. Kennedy Blvd., Suite 240	
Гатра, FL 33609	Tampa, FL 33609	
. If limited partnership is a limited liability l	imited partnership, check box.	₩ 100 C
). Name, principal office address, and maili	ng address of each general partner;	
	ark GP LEC Name of General Partner:	\$ A
Street Address: 4890 W Kennedy	Blvd., #240 Street Address:	#2 2°
Tampa, FL 336	09	# ( C)
Mailing Address: 4890 W Kennedy	Blvd., #240 Mailing Address:	20 % CO
Tampa, FL 33609		
Name of General Partner:	Name of General Partner:	
	Street Address:	
Mailing Address:	Mailing Address:	

		ge Lot 2		
Name of Genera	af Partner:	Name of General Partner:		
Street Address:		Street Address:		
Mailing Addres	s:	Mailing Address:		
11. Effective date, if other than the date of filing:				
Florida Department the law of which it i	of State, by the Secretary of State or other offi	ore than 90 days prior to the delivery of this application to the chalking custody of the entity's records in the jurisdiction under		
Signed this 22	day of July  By: Onyx Winter Park	2020		
	By: Joseph G. Lubeck			
The individual signi submitted in a docur	ng this document affirm that the facts stated he	rein are true and the individual is aware that false information aird degree felony as provided for in s.\$17,155, F.S.		
Co	ling Fees: \$1. ertified Copy (optional): \$52 ertificate of Status (optional): \$8.			

Page 2 of 2



Page 1

# <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "ONYX WINTER PARK 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 FOURTEENTH DAY OF JULY, A.D. 2020.

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

3156122 8300

SR# 20206211953

Authentication: 203276962

Date: 07-14-20

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