

B20000000152

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H200002382583))



H200002382583ABC/

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

To: Division of Corporations
Fax Number : (351) 417-4343

From: Account Name : F T CORPORATION SYSTEM
Account Number : FCA1010101
Phone : (614) 211-1311
Fax Number : (614) 211-1641

Please honor

original date

07/29/2020

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

2020 JUL 29 AM 10:34
F T CORPORATION SYSTEM
FCA1010101
614 211 1311

ED

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

1. Onyx 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.

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

July 14, 2020

Date of Formation

3. Federal Employer Identification Number _____

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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.

Kathryn A. Widdoes

Kathryn A. Widdoes Assistant Secretary
Signature of Registered Agent

7. Principal Office:

4890 W. Kennedy Blvd., Suite 240
Tampa, FL 33609

8. Mailing Address:

4890 W. Kennedy Blvd., Suite 240
Tampa, FL 33609

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: Onyx Winter Park GP LLC

Name of General Partner: _____

Street Address: 4890 W Kennedy Blvd., #240
Tampa, FL 33609

Street Address: _____

Mailing Address: 4890 W Kennedy Blvd., #240
Tampa, FL 33609

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

2020 JUL 23 AM 10:34
FID

1. The first part of the document is a header section containing the following information:

- Page number: 1
- Page title: 1
- Page subtitle: 1
- Page footer: 1

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.

By: Onyx Winter Park GP/L.L.C.

Joseph G. Lubeck, President

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

The First State

Page 1

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

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203276962

Date: 07-14-20