To:

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Fax Number : (954)208-0845

\*\*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

## Stonewood Gardens, LP

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



Electronic Filing Menu

Corporate Filing Menu

KOA 6 3 CCCO

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

E.Stonewood Gardens, 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.

|   | mership or limited liability limited partnership proposes to register to trans-<br>orida, must contain acceptable suffix   |
|---|--|
| Delaware  | 10-28-2020   |
| State or Country of Formation   | Date of Formation  |
| 5. Federal Employer Identification Number. 85-3   | 3746938  |
| Name of Registered Agent for Service of Process an  | nd Florida Street Address:   |
| C T Corporation System  |  |
| 1200 South Pine Island Road   |  |
| Plantation, Florida 33324   |  |
| of all statutes relative to the proper and complete perf<br>my position as registered agent. By:  | and agree to act in this capacity. I further agree to comply with the provisi formance of my duties, and I am familiar with and accept the obligations of Corporation System   |
| Signa   | ature of Registered Agent Stephanic Boehm Assistant Secretary  |
| 7. Principal Office:  | 8. Mailing Address:  |
| 999 Waterside Drive   | 999 Waterside Drive  |
| Suite 2300  | Suite 2300   |
| Norfolk, VA 23510   | Norfolk, VA 2J510  |
|   |  |
| If fimited partnership is a limited liability limited p   | partnership, check box   |
| ). If limited partnership is a limited liability limited p  | partnership, check box 🔲 💮 😽   |
| 10 Name, principal office address, and mailing addre  | partnership, check box   |
| Name, principal office address, and mailing address Name of General Partner, Summond Gadens Managing C  | ress of each general partner:  Co. CP. 11.C. Name of General Partner:  The partners of the partner of General Partner of Genera |
| Name, principal office address, and mailing address Name of General Partner, Sunctional Guidens Managing C Street Address   999 Waterside Drive, Suite 2300   | ress of each general partner:  |
| Name, principal office address, and mailing address Name of General Partner, Sunctional Gardens Managing C Street Address    Street Address   | ress of each general partner:  Co. CP. 11.C. Name of General Partner:  The partners of the partner of General Partner of Genera |
| Name, principal office address, and mailing address Name of General Partner, Sumewood Guidens Managing C Street Address 999 Waterside Drive, Suite 2300   | ress of each general partner:  Co. OP. 11.C. Name of General Partner:  Street Address  |
| Name, principal office address, and mailing address Name of General Partner, Supervised Gadens Managing C Street Address  999 Waterside Drive, Suite 2300 Norfolk, VA 23510   | ress of each general partner:  Co. OP. 11.C. Name of General Partner:  Street Address  |
| Name, principal office address, and mailing address Name of General Partner, Sunctioned Guidens Managing C Street Address  999 Waterside Drive, Suite 2300 Norfolk, VA 23510  Mailing Address  same as principal office address   | ress of each general partner:  Co. OP. 11.C. Name of General Partner:  Street Address  |
| Name of General Partner, Stonewood Guidens Managing C Street Address    Street Address   999 Waterside Drive, Suite 2300     Norfolk, VA 23510     Mailing Address   same as principal office address     Name of General Partner,  | partnership, check box   |
| Name of General Partner. Sunctional Guidens Managing C Street Address  Mailing Address  Name of General Partner. Sunctional Guidens Managing C 999 Waterside Drive, Suite 2300 Norfolk, VA 23510  same as principal office address  Name of General Partner.  Street Address: | partnership, check box   |
| Name, principal office address, and mailing address Name of General Partner, Sunctional Gardens Managing C  Street Address  Norfolk, VA 23510  Mailing Address:  Name of General Partner,  Street Address:  Street Address:   | partnership, check box   |

| Name of General Partner:  |
|---|
| Street Address  |
| Mailing Address:  |
| the date this document is filed by the Florida Department of State.) cable statutory filing requirements, this date will not be listed as the   |
| at more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under |
| 20 20   |
| re of a general partner as Somewised Gardens, LP as Somewised Gardens, LP   |
| ted herein are true and the individual is aware that false information is a third degree felony as provided for in \$ \$17.155, F.S.            |
| \$1,000,00 (\$965 Filing Fee and \$35 Registered Agent Fee)<br>\$52,50  |
|   |

Page 2 of 2



Page 1

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

DELAWARE, DO HEREBY CERTIFY "STONEWOOD GARDENS, 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 FIFTH DAY OF NOVEMBER, A.D. 2020.

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

Authentication: 204016312

Date: 11-05-20