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(Requestor's Name)
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PICK-UP WAIT MAIL
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NOVI TOWNEUX

COVER LETTER

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SUBJECT: Gray Harbor Government OP, LP	
Name of Foreign Limited Partnership or	Limited Liability Limited Partnership
The enclosed application, certificate of status and fees are sub- partnership to transact business in Florida. Please return all correspondence concerning this matter to:	mitted to register a foreign limited partnership or limited liability limited
Edwin Stanton	
Contact Person	
Gray Harbor Capital, LLC	
Firm/Company	
2055 Wood Street Suite 116	
Address	
Sarasota, Florida 34237	
City, State and Zip Code	
ed.stanton@grayharborcapital.com	
E-mail address: (to be used for future annual report notificat	tion)
For further information concerning this matter, please call:	
Jason Post 941	448-5541
	a Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	2.50 Filing Fees Certified Copy Certified Copy, and Certificate of Status
Mailing Address:	Street Address:

Registration Section Division of Corporations

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 7, 2020

EDWIN STATON 2055 WOOD ST STE 116 SARASOTA, FL 34237

SUBJECT: GRAY HARBOR GOVERNMENT OP, LP

Ref. Number: W20000115114

We have received your document for GRAY HARBOR GOVERNMENT OP, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 620A00019562

RECEIVED NOV 0 9 2020

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

Grav Harbor Government OP, 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 L.L.P. 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. 3. August 21, 2020 2 Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 85-3080739 5. Name of Registered Agent for Service of Process and Florida Street Address: **Edwin Stanton** 2055 Wood Street, Suite 116 Sarasota, Florida 34237 6. Thereby accept the appointment as registered agent and aggee 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 dulls, and I am familiar with and accept the obligations of my position as registered agent. 7. Principal Office: 8. Mailing Address: 2055 Wood Street, Suite 116 2055 Wood Street, Suite 116 Sarasota, Florida 34237 Sarasota, Florida 34237 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Gray Harbor Government Income REI Name of General Partner: Name of General Partner: 2055 Wood Street Suite 116 Street Address: Street Address: Sarasota, Florida 34237 Mailing Address: 2055 Wood Street Suite 116 _____ Mailing Address:_ Sarasota, Florida 34237 Name of General Partner:______ Name of General Partner:_____ Street Address: Street Address: Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not me ocument's effective date on the Department of S 2. Attached is a certificate of existence duly auth	g: 10 days after the date this document is filed by the Florida Department of State,) eet the applicable statutory filing requirements, this date will not be listed as the tate's records. enticated, not more than 90 days prior to the delivery of this application to the state or other official having custody of the entity's records in the jurisdiction under
ne law of which it is organized. Signed this	Signature of a general partner
	the facts stated herein are true and the individual is aware that false information to constitutes a third degree felony as provided for in s.817.155, F.S.

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\$52.50 \$8.75

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

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



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

DELAWARE, DO HEREBY CERTIFY "GRAY HARBOR GOVERNMENT OP, 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-FOURTH DAY OF OCTOBER, A.D. 2020.



Authentication: 203932231

Date: 10-24-20