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(Business Entity Name)

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FILED  
2020 DEC -4 AM 9:08  
SECURITY UNIT  
TALLAHASSEE, FLORIDA

DEC - 4 2020  
K. Brumpley

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**DATE: 12/4/20**

**NAME: NIKI GREAT FALLS, LP**

**TYPE OF FILING: APPLICATION**

**COST: 1,052.50 - CHECK IS ATTACHED**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: ECA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NIKI GREAT FALLS, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Alexandria Tripoli

Contact Person

Blanchard, Krasner & French, APC

Firm/Company

800 Silverado Street, 2nd Floor

Address

La Jolla, CA 92103

City, State and Zip Code

atripoli@bkflaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ali Tripoli

at ( 858 ) 551-2440

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$1,000.00 Filing Fee<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|--|---|--|---|

**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. NIKI GREAT FALLS, 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. CALIFORNIA

State or Country of Formation

3. 03/26/2018

Date of Formation

4. Federal Employer Identification Number: \_\_\_\_\_

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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.

Karen rose

Signature of Registered Agent

7. Principal Office:

11720 El Camino Real, Suite 250

San Diego, CA 92130

8. Mailing Address:

11720 El Camino Real, Suite 250

San Diego, CA 92130

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: The Niki Group, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 11720 El Camino Real, Suite 250

Street Address: \_\_\_\_\_

San Diego, CA 92130

Mailing Address: 11720 El Camino Real, Suite 250

Mailing Address: \_\_\_\_\_

San Diego, CA 92130

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2018 DEC -4 AM 9:00  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

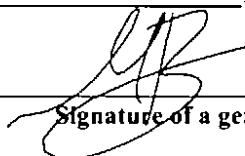
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Signed this 13 day of November, 20

  
\_\_\_\_\_  
Signature of a general 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.

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



## Secretary of State Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

**Entity Name:** NIKI GREAT FALLS, LP  
**File Number:** 201808600001  
**Registration Date:** 03/26/2018  
**Entity Type:** DOMESTIC LIMITED PARTNERSHIP  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of November 1, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California  
this day of November 2, 2020.

**ALEX PADILLA**  
Secretary of State

**Certificate Verification Number:** Y8NAGER

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).