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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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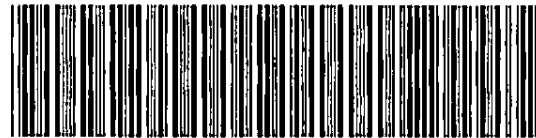
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/21/20--01020--023 \*\*1061.25

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FEDERAL BUREAU OF INVESTIGATION  
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T. L. F. 1061.25

**STEVEN A. SCIARRETTA, P.A.**

ATTORNEYS AT LAW

**STEVEN A. SCIARRETTA**  
LL.M. IN TAXATION

THE HAMILTON BUILDING  
2799 NW Boca Raton Boulevard, Suite 203  
Boca Raton, Florida 33431  
TELEPHONE: (561) 368-7978  
TOLL FREE: (800) 545-8454  
TELEFAX: (561) 368-8502

Asset Protection  
Business and Taxation Planning  
Probate Administration  
Trusts and Estate Planning

VIA UPS DELIVERY

December 18, 2020

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

Re: NG White Cloud Limited Partnership

Dear Sir/Madam:

Please find enclosed for filing an Original, fully executed Application By Foreign Limited Partnership To Transact Business in Florida.

Also enclosed is an original Certificate of Fact of Existence as provided by the state of Colorado.

Also enclosed is our check for \$1,061.25 , made payable to the Florida Department of State, which represents the Filing fee due.

Please return the completed paperwork to me utilizing the enclosed Pre-paid UPS envelope.

Thank you for your prompt cooperation.

Sincerely,

STEVEN A. SCIARRETTA, P.A.



Steven A. Sciarretta

SAS/dc  
Enclosures

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

1. NG White Cloud Limited Partnership

(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. Colorado, USA

State or Country of Formation

3. November 9, 2000

Date of Formation

4. Federal Employer Identification Number 84-1566348

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

Steven A. Sciarretta, Esquire

2799 NW Boca Raton Blvd., Suite 203

Boca Raton, FL 33431

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.

  
Signature of Registered Agent

7. Principal Office:

21097 NW 27th Court

Suite 200

Aventura, FL 33180

8. Mailing Address:

SAME

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: Gaylis, L.L.C.

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

Street Address: 21097 NW 27th Court, Suite 200

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

Aventura, FL 33180

Mailing Address: SAME

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

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

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

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

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

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

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

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

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

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

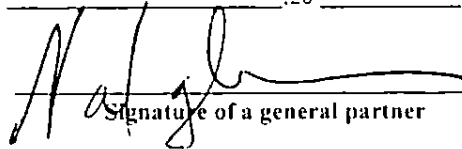
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 12th day of December, 2020

  
\_\_\_\_\_  
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.

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

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF EXISTENCE**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, a document for:

NG WHITE CLOUD LIMITED PARTNERSHIP

Colorado Limited Partnership

(Entity ID # 20001219119 )

was filed in this office on 11/09/2000 with an effective date of 11/09/2000 .

I further certify that our records indicate that a dissolution document has not been filed.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/15/2020 that have been posted, and by documents delivered to this office electronically through 12/17/2020 @ 06:12:25 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/17/2020 @ 06:12:25 in accordance with applicable law. This certificate is assigned Confirmation Number 12793453 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do>, entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us>, click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*