P800000169

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

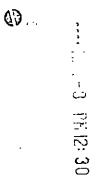




100359962131

2021 MAR -8 PM 4: 44
SECRETARY OF STATE







TALLAHASSPE, FL 323014 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 03/08/20 |)21 | | | | |
|---|----------------|--------------------|-------------------|-----------|--|---------------------|
| | | ris Vick | | | | |
| | e #: | 1333941 | | | | |
| Entity Na | me: | FIRST | PARK OWNER, | LP | | |
| And | | ooration/Authoriza | | | SECRETARY OF STATE OF | 2021 MAR -8 PM 4:44 |
| ☐ Dis | ssolution/With | drawal | | | | |
| ☐ Fic | ctitious Name | | | | | |
| ✓ Ot | her | PLEAS RETAIN O | RIGINAL SUBMISSIO | N DATE OF | 2/26/21 | |
| Authorize Signature | ed Amount! | \$1,000.00 | | | | |

F: 800.944.6607

F: +852.2682.9790

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

| FIRST PARK OWNER, LP | | | | |
|--|--|--|--|--|
| Acceptable Limited Partnership suffixes: Limited Par | Liability Limited Partnership, which must include suffix) tnership, Limited, L.P., LP, or Ltd. xes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. | | | |
| If name unavailable, name under which the limited p | artnership or limited liability limited partnership proposes to register to transact Florida; must contain acceptable suffix. | | | |
| 2 DELAWARE | 3, FEBRUARY 23, 2021 | | | |
| State or Country of Formation | Date of Formation | | | |
| 4. Federal Employer Identification Number: 86-226 | 2835 | | | |
| 5. Name of Registered Agent for Service of Process COGENCY GLOBAL, INC. | | | | |
| 115 North Calhoun Street, Suite 4 | S ₁ 20 | | | |
| Tallahassee FL 32301 | 1021 MAR SECRET | | | |
| 6. I hereby accept the appointment as registered agent of all statutes relative to the proper and complete p my position as registered agent. | at and agree to act in this capacity. I further agree to:comply with the provisions of the following and I am familiar with and accept the obligations of | | | |
| Sig | nature of Registered Agent | | | |
| 7. Principal Office: | 8. Mailing Address: | | | |
| 102 Woodmont Blvd., Suite 100 | 102 Woodmont Blvd., Suite 100 | | | |
| Nashville, TN 37205 | Nashville, TN 37205 | | | |
| 9. If limited partnership is a limited liability limite 10. Name, principal office address, and mailing ad Name of General Partner: First Park Owner GP, LI | dress of each general partner: LC Name of General Partner: | | | |
| Street Address: 102 Woodmont Blvd., Suite 100 | Street Address: | | | |
| Nashville, TN 37205 | | | | |
| Mailing Address: 102 Woodmont Blvd., Suite 100 | | | | |
| Nashville, TN 37205 | Maning Modross. | | | |
| 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 meet the applic document's effective date on the Department of State's records 12. Attached is a certificate of existence duly authenticated, not | t 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 |
| Signed this 26th day of February About Signature | 20 ²¹ |
| Month Signatur | re 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

Page 2 of 2

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRST PARK OWNER, 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-SIXTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST PARK
OWNER, LP" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D.
2021.

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

Authentication: 202603645

Date: 02-26-21