(Req	uestor's Name)				
(Address)					
(Address)					
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

03/17/2021

I	ate: 03/17/2021	111
	Acc#I20160000072	V '
Name:	Sunset Way Gardens, LP	
Document #:		
Order #:	13581019	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	1-2 filing. GP fi	irst.
	☐ 1-2 filing please keep toge	ether
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing: 🚺	Certified:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 1052.00	

Thank you!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunset Way Gardens, LP	
Name of Foreign Limited	Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status as partnership to transact business in Florida. Please return all correspondence concerning this	nd fees are submitted to register a foreign limited partnership or limited liability limited s matter to:
Contact Person	
Firm/Company	
Address	
City, State and Zip Code	<u></u> .
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
	at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing and Certificate of Status	Fees \$\infty\$\$\\$1.052.50\$ Filing Fees \$\infty\$\$\$\$\$\\$1.052.50\$ Filing Fee, of and Certified Copy Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA Sunset Way 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. 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. Date of Formation State or Country of Formation 4. Federal Employer Identification Number ____ 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby 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. C T Corporation System India Zujak Signature of Registered Agent Sandy Zwijack - Assistant Secretary 7. Principal Office: 8. Mailing Address: 999 Waterside Drive 999 Waterside Drive Suite 2300 Suite 2300 Norfolk, Virginia 23510 Norfolk, Virginia 23510 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Sunset Way Gardens Managing Co. GP, LLC Name of General Partner: Name of General Partner: 999 Waterside Drive, Suite 2300 Street Address: Street Address: Norfolk, Virginia 23510 999 Waterside Drive, Suite 2300 Mailing Address: ____ Mailing Address:___ Norfolk, Virginia 23510 Name of General Partner: Name of General Partner: Street Address:

Page 1 of 2

Mailing Address: _____ Mailing Address: _____

Name of General Partner:_		Name of General Partr	Name of General Partner:				
Street Address:		Street Address:					
11. Effective date, if other than the date of filing:							
12. Attached is a certificate of e Florida Department of State, by the law of which it is organized	the Secretary of State or othe	ot more than 90 days prior to the rofficial having custody of the	he delivery of this application to the entity's records in the jurisdiction under				
Signed this	day of March	.20					
By: Sunset Way Gardens Managing Co. GP, LLC, its General Partner By: T. Richard Litton, Jr., Vice President							
	Signati	ure of a general partner					
The individual signing this doc submitted in a document to the			ividual is aware that false information ided for in s.817.155, F.S.				

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\$8.75

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

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

DELAWARE, DO HEREBY CERTIFY "SUNSET WAY 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 SIXTEENTH DAY OF MARCH, A.D. 2021.

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



Authentication: 202746740

Date: 03-16-21