

3/17/2021

Division of Corporations

B2100000116

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000108719 3)))



H210001087193ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2021 MAR 18 PM 4:42

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Wasque Partners SPE L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]

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

1. Wasque Partners SPE L.P.

(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. Delaware 3. February 16, 2021
State or Country of Formation Date 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. 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.

By: C T Corporation System
Lauren Kreatz Vice President /s/ Lauren Kreatz
Signature of Registered Agent

7. Principal Office: 8. Mailing Address:
515 N. Flagler Drive 515 N. Flagler Drive
Suite P300 Suite P300
West Palm Beach, FL 33401 West Palm Beach, FL 33401

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: Wasque Partners GP LLC	Name of General Partner:
Street Address: 515 N. Flagler Drive; Suite P300	Street Address:
West Palm Beach, FL 33401	
Mailing Address: 515 N. Flagler Drive; Suite P300	Mailing Address:
West Palm Beach, FL 33401	
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

DocuSign Envelope ID: 83D5662F-15F8-4BCD-A5E0-A7A65B2F1D66

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 17th day of March, 2021
WASQUE PARTNERS GP, LLC
By: Doug Williams
Signature of a general partner
Douglas Williams, Managing Member of the General Partner

FILED
MAR 18 PM 4:12
TALLAHASSEE, FL
CLERK OF THE COURT
STATE OF FLORIDA

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

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WASQUE PARTNERS SPE L.P." 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 SEVENTEENTH DAY OF MARCH, A.D. 2021.

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

FILED
2021 MAR 18 PM 4:42
STATE
DEPT. OF STATE
RECEIVED




Jeffrey W. Bullock, Secretary of State

5128573 8300

SR# 20210938204

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202752603

Date: 03-17-21