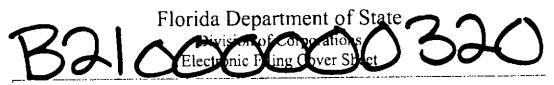
7/27/2021

Division of Corporations



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(((H210002865403)))



H210002885403ABC

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

Account Name : C T CORPORATION SYSTEM

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

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FLORIDA/FOREIGN LP/LLLP WeHo Co-Invest Management, L.P.

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

→ 8 79%

Electronic Filing Menu Corporate Filing Menu

Help

2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000286541 3 FIRST***

From: Ranae McGraw

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

Acceptable Limited P	armership suffixes - Limited Partnership,	Limited Partnership, which must include suffix) Limited, L.P., LP, or Ltd. ined Liability Limited Partnership, L.L.L.P, or LLLP.	,	
If name unavailable	name under which the limited partnership business in Florida; n	p or limited liability limited partnership proposes to i nust contain acceptable suffix.	egister to transact	
2. Delaware		3. Date of Formation	_	
	tte or Country of Formation - Identification Number.	Dute of Formation		
5. Name of Registers	ed Agent for Service of Process and Flo	rida Street Address:		
C T Corporation Sys	(en)			
1200 South Pine Isla	nd Road			
Plantation, Florida 3	3324			
6. I nereby accept in of all statutes rela my position as reg	tive to the proper and complete performation istered agent. By: Katherine Schneid	ree to act in this capacity. I further agree to comply nce of my duties, and I am familiar with and accept to ration System Koster, Posterior er, Asst. Secretary	he obligations of	
7. Principal Office:		8. Mailing Address:		
1601 Washington	Avenue, Suite 800	1601 Washington Avenue, Suite 800	20	
Miami Beach, FL 33139 Mian		Miami Beach, Fl. 33139	38 701 1202 (J	
		-	- 128 - 128	: . ~
9 If fimited partne	rship is a limited liability limited partne	ership, check box		· ·
10 Name, principa	l office address, and mailing address of WeHo Co-Invest Management GP,	each general partner:	·· :	[]
Name of Genera	Partner.	Name of General Partner	5	
Street Address	1001 Machington Avanua Suite 800			_
	Miami Beach, FL 33139			_
Mailing Address	· <u> </u>	Mailing Address:		
Name of Genera	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:
14 Effective date, if other than the date of fil (Effective date cannot be prior to nor more than Note: If the date inserted in this block does not document's effective date on the Department of	ing
12 Attached is a certificate of existence duly au Florida Department of State, by the Secretary of the law of which it is organized.	thenticated, not more than 90 days prior to the delivery of this application to the f State of other official having custody of the entity's records in the jurisdiction under
Signed this day of	<u>y</u> 20 <u>21</u>
	Signature of a general partier

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 \$ 817-155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

Page: 4 of 5

\$52,50

Certificate of Status (optional):

\$8,75

Page 2 of 2

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WEHO CO-INVEST MANAGEMENT, 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2021.

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

Authentication: 203772065

Date: 07-27-21