(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.				
Special meadotone to 1 mmg sincer.				

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500						
ACCOUNT NO. : I2000000195						
REFERENCE : 955702 4804708						
AUTHORIZATION: Synellocke man						
COST LIMIT : \$1000.00						
ORDER DATE : August 12, 2021						
ORDER TIME : 9:13 AM						
ORDER NO. : 955702-020						
CUSTOMER NO: 4804708						
FOREIGN FILINGS						
NAME: WATERFRONT CP PARTNERS LP						
XXXX QUALIFICATION (TYPE: <u>LP</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Waterfront CP Partners LP		
Name of Foreign Limited Partne	ership or Limited L	iability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		register a foreign limited partnership or limited liability limited
Andrew Katz		
Contact Person		
Waterfront Capital Partners		
Firm/Company		
10 East 53rd Street, 34th Floor		
Address		
New York, NY 10022		
City, State and Zip Code	 	
akatz@waterfrontcp.com		
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this matter, pleas	e call:	
Andrew Katz	at (212	554-4089
Name of Contact Person	- '	d Daytime Telephone Number
Enclosed is a check for the following amount:		
S1.000.00 Filing Fees S1.008.75 Filing Fees and Certificate of S35 Registered Agent Fee)	S1.052.50 Filin and Certified C	ng Fees S1,061.25 Filing Fee. Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDI Registration Section Division of Corpo P. O. Box 6327 Tallahassee, FL 3	on prations

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

TO TRANSACT BUSINESS IN FLORIDA L Waterfront CP Partners 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. 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number. 90-0971413 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 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 Corporation Service Company my position as registered agent, Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 78 SW 7th Street, Suite 800 78 SW 7th Street, Suite 800 Miami, FL 33130-3782 Miami, FL 33130-3782 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:_ Waterfront Capital (GP) LLC Name of General Partner:_ 78 SW 7th Street, Suite 800 Street Address: Street Address: Miami, FL 33130-3782 78 SW 7th Street, Suite 800 Mailing Address: Mailing Address: Miami, FL 33130-3782 Name of General Partner:_______Name of General Partner:______ Street Address: _____ Street Address: _____ Mailing Address: _____ Mailing Address: _____

Name of 0	General Partner:		Name of General Partner:	Name of General Partner:		
Street Ad	dress:		Street Address:			
Mailing A			Mailing Address:			
Effective date Note: If the di document's el 12. Attached i Florida Depar	e cannot be prior to ate inserted in this b ffective date on the is a certificate of ex	block does not meet t Department of State istence duly authenti	he applicable statutory filing requirement is records. cated, not more than 90 days prior to the or other official having custody of the en	s. this date will not be listed as the lelivery of this application to the		
	ŭ	day of	ont Capital (GP) LEC			
		Waterfro	ont Capital (GP) LEC			
The individua	l signing this docum	By:	Signature of a general partner ardo Abush. Managing Member facts stated herein are true and the individual partitudes a third degree felony as provide			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):			\$1,000.00 (\$965 Filing Fee and : \$52.50 \$8.75	\$35 Registered Agent Fee)		

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "WATERFRONT CP PARTNERS 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 TWELFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERFRONT CP

PARTNERS LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D.

2013.

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



Authentication: 203909096

Date: 08-12-21

5325101 8300 SR# 20212965025