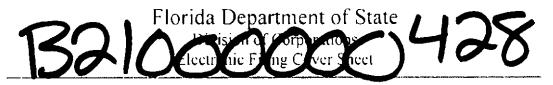
9/21/21, 3:24 PM

Division of Corporations



**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.

(((H210003540773)))



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RISEP 21 FM 3: #7

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Fmail	Address:			
LINGILL	MUUI C33.	 		

## FLORIDA/FOREIGN LP/LLLP 40 Island Avenue Hotel Owner, L.P.

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

PLEASE FILE 2ND AFTER COVERSHEET #H210003535613. THANK YOU!

Electronic Filing Menu

Corporate Filing Menu

Help

To: +18506176383 • Page: 4 of 6 2021-09-21 13 27:44 CST 12122023573 From: Kimberly Laughrey

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

40 Island Avenue I	Hotel Owner, L.P.		
Acceptable Limited F	<sup>p</sup> artnership suffixes: Limited Partner	bility Limited Partnership, which must include suffix rship, Limited, L.P., LP, or Lid. : Limited Liability Limited Partnership, L.L.L.P. or LLL	
If name unavailable		nership or limited liability limited partnership proposes to ida, must contain acceptable suffix.	register to transact
, Delaware		3,09/02/2021	
<u>.                                    </u>	ate or Country of Formation	Date of Formation	_
4. Federal Employe	r Identification Number N/A		
	ed Agent for Service of Process an	d Florida Street Address:	
C T Corporation Sys	stem		
1200 South Pine Isla	und Road		
Plantation, Florida 3	3324		
<ol> <li>I hereby accept the of all statutes rela- my position as reg</li> </ol>	uive to the proper and complete perf ristered agent. By: Katherine Sc	nd agree to act in this capacity. I further agree to complormance of my duties, and I am familiar with and accept Corporation System  Conneider, Asst. Secretary  ture of Registered Agent	ly with the provisions in the obligations of
7. Principal Office:		8. Mailing Address:	759
591 West Putnum A	venue	591 West Pulnam Avenue	
Greenwich, CT 9683	30	Greenwich, CT 06830	_ 5 _ 2
9. If limited partne	rship is a limited liability limited p	artnership, check box	
10 Name, principa	l office address, and mailing addre	ess of each general partner:	6: 05
-	40 Island Avenue Hotel Ow		
Name of Genera	591 West Putoam Avenue	Trane or General Farmer.	
Street Address:		Street Address	·
	Greenwich, CT 06830		
Mailing Address: 591 West Putnam Avenue		Mailing Address:	
	Greenwich, CT 06830		
Name of General Partner:		Name of General Partner.	
Street Address.		Sucet Address.	
		Mailing Address:	
		Danie 1 a.C.2	

Name of General Partner		Name of General Partner:		
Street Address		Street Address		
Mailing Address:		Mailing Address:		
Note: If the date inserted in t	than the date of filing or to nor more than 90 days after this block does not meet the applicate the Department of State's records	able statutory filing re	is filed by the Florida Department of State.) quirements, this date will not be listed as the	
12 Attached is a certificate of Florida Department of State, the law of which it is organiz	by the Secretary of State or other	t more than 90 days pr official having custod	nor to the delivery of this application to the yof the entity's records in the jurisdiction under	
Signed thus 21st	day of September			
	M			
	Signatur	re of a general partne	<del></del>	

The individual signing this document affirms that the facts stated berein 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:

Page: 5 of 6

\$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

Page 1

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

DELAWARE, DO HEREBY CERTIFY "40 ISLAND AVENUE HOTEL OWNER, 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-FIRST DAY OF SEPTEMBER, A.D. 2021.

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

at coro delaware gov/auti

Authentication: 204211179

Date: 09-21-21