

B21000000578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

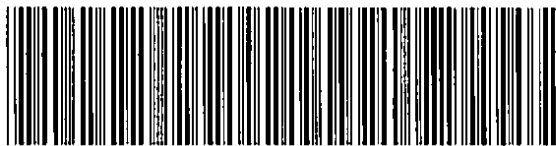
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



600377209476

12/22/21--01003--026 \*\*1000.00

RECEIVED  
2021 DEC 22 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2021 DEC 22 AM 9:07  
APPROVED  
AND  
FILED

DEC 27 2021  
K. Brumbley

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 12/22/21

**NAME:** NEW WEST INVESTORS L.P.

**TYPE OF FILING:** APPLICATION FOR LIMITED PARTNERSHIP

**COST:** 1,000.00 - CHECK ATTACHED

**RETURN:** PLAIN COPY PLEASE

---

~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: ABBIE/PAUDHODGE~~

---

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEW WEST INVESTORS L.P.

\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Lisa Zarro

\_\_\_\_\_  
Contact Person

Registered Agents Legal Services, LLC

\_\_\_\_\_  
Firm/Company

1013 Centre Road, Suite 403S

\_\_\_\_\_  
Address

Wilmington, DE 19805

\_\_\_\_\_  
City, State and Zip Code

info@inclegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Zarro

at ( 800 ) 400-6650

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee ( \$965 Filing Fee and \$35 Registered Agent Fee )  
 \$1,008.75 Filing Fees and Certificate of Status  
 \$1,052.50 Filing Fees and Certified Copy  
 \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. NEW WEST INVESTORS 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. Pennsylvania

State or Country of Formation

3. 09/19/1995

Date of Formation

4. Federal Employer Identification Number: 23-2821479

5. Name of Registered Agent for Service of Process and Florida Street Address:

Registered Agents Legal Services, LLC

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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.

/s/ Lisa Zarro

Signature of Registered Agent

7. Principal Office:

109 Front Street, Unit 309

Key West, FL 33040

8. Mailing Address:

307 East Summit Ave.

Haddonfield, NJ 08033

2021 DEC 22 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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: Lawrence Gagner

Name of General Partner: \_\_\_\_\_

Street Address: 307 East Summit Ave.

Street Address: \_\_\_\_\_

Haddonfield, NJ 08033

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 December, 2021

**Larry Gagner**

Digitally signed by Larry Gagner  
Date: 2021.12.20 11:48:51  
-05'00'

Signature of a general partner

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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

12/22/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NEW WEST INVESTORS L.P.

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Thomas W. DeGreg*

Acting Secretary of the Commonwealth

Certification Number: TSC211222090424-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>