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

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
MST - CANOPY CREEK, LP**

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MAR 18 2022

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

1. MST - Canopy Creek, 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

3. 11-1-2021

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 87-3476310

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

Capitol Corporate Services, Inc.

515 East Park Avenue 2nd Floor

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.

Taylor Seay

Taylor Seay, as Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Signature of Registered Agent

7. Principal Office:

411 Hackensack Avenue Ste 200 c/o M1 Properties LP

Hackensack, NJ 07601

8. Mailing Address:

411 Hackensack Avenue Ste 200 c/o M1 Properties LP

Hackensack, NJ 07601

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: MST Canopy Creek, GP, LLC

Name of General Partner: _____

Street Address: 411 Hackensack Avenue Ste 200 c/o M1 Properties LP

Street Address: _____

Hackensack, NJ 07601

Mailing Address: 411 Hackensack Avenue Ste 200 c/o M1 Properties LP

Mailing Address: _____

Hackensack, NJ 07601

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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2022 MAR 17 PM 5:56
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE COUNTY

Leslie Sellers 8004323622

(04/05) 03/17/2022 07:46:09 AM

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Page 1 of 2

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 16th day of March, 2022

MST Canopy Creek, GP, LLC

By: Daniel Simchi Daniel Simchi, Authorized Signatory
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.

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

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MST - CANOPY CREEK, 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 SEVENTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MST - CANOPY CREEK, LP" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2021.

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

2022 MAR 17 PM 5:56
TALLAHASSEE, FL



6352370 8300

SR# 20221037956

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202934026

Date: 03-17-22