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(Re	questor's Name)	
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	cument Number)	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

Account#: 12000000088

Date:05/13/2022	
Name: Greg Pintacuda	
Reference #: 1651937	
Entity Name: OCEAN VIEW	PC PROPCO LP
Articles of Incorporation/Authorization to	
Amendment	
Change of Agent	
Reinstatement	
Merger	
Dissolution/Withdrawal	
Fictitious Name	
✓ Other APON FILING PROV	
Authorized Amount: \$1052.50	
Signature:	

EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED III ENGLAND & WALES, REGISTRY +8010712 6 LLOYDS AVE, UNIT ACL LONDON EC3N 3AX +44 (0)20.3961.3080



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:05/13/2022
Name: Greg Pintacuda
Reference #: 1651937
Entity Name: OCEAN VIEW PC PROPCO LP
Articles of Incorporation/Authorization to Transact Business
Amendment
Change of Agent
Reinstatement
Conversion
Merger
Dissolution/Withdrawal
Fictitious Name
✓ Other APON FILING PROVIDE CERTIFIED CHARTER
Authorized Amount:
Signature:

EVENDOPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED HLENGLAND 5 WALES.
REGISTER #B010712
G LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

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

### OCEAN VIEW PC PROPCO LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

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1.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.I.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.

	եւ	isiness in Florida; m	ust contain accepta	ible suffix.			
2. New Jersey			3 Ma	ay 4, 2022			
State or Country of Formation 4. Federal Employer Identification Number:				Date of Formation			
		er:87	-4754785				
5. Name of Registered A	gent for Service (	of Process and Flor	ida Street Addres	s:			
COGENCY	GLOBAL INC						
115 North Calho	oun Street, Su	lite 4					
Tallahassee,	Florida	32301					
<ol> <li>I hereby accept the app of all statutes relative my position as registered</li> </ol>	to the proper and o			d I am familiar with and a			
7. Principal Office:	S	Signature of Sheila Carroll, A S	Registered Agen Assistant Secre Address Address	t etary s:		2022 MAY	
1730 NJ 37 W			1	730 NJ 37 W	<u>&gt;</u> ;;	HA	-11
TOMS RIVER, NJ 08757			TOMS	RIVER, NJ 08757	TASSLE	Y 16 F	E IT
9. If limited partnership					ALLASSLL FLORIDA	PH 4: 2	Ċ
10. Name, principal offi						<del>و</del> ب	
Name of General Part	ner: Ocean View	w Property Holdco	LP Name of Ger	neral Partner:			
Street Address:	1730	NJ 37 W	Street Addre	ss:			
	TOMS RIVI	ER, NJ 08757					
Mailing Address:			Mailing Add	ress:			
Name of General Part	ner:		Name of Ger	neral Partner:			
Street Address:			Street Addre	\$\$:			

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:\_\_\_\_

. .

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(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	19th	day of	April	20		
			D	<u> </u>		
			Signature o	f 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: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

## OCEAN VIEW PC PROPCO LP 0600477104

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Partnership was registered by this office on May 04, 2022.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

COGENCY GLOBAL INC 316 BERRHILL DRIVE WILLIAMSTOWN, NJ 08094



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of May, 2022

Shun Mum

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6131746954 Verify this certificate online at

https://wwwl\_state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp