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Division of Corporations

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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 : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845

Fax Number : (614)573-3996

****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/LLP
W-RPM Royal Apartments Owner IX, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

Help JUN 24 2022

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

1. W-RPM Royal Apartments Owner IX, 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 L.L.L.P.

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. 6-3-2022
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: disregarded, reporting parent EIN: 88-2631222

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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.

By:

C T Corporation System

Laura Probert

Signature of Registered Agent Laura Probert
Registered Secretary

7. Principal Office:

900 N. Michigan Avenue, Ste. 1900

Chicago, IL 60611

8. Mailing Address:

900 N. Michigan Avenue, Suite 1900

Chicago, IL 60611

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: W-RPM Royal GP IX, L.L.C.

Name of General Partner: _____

Street Address: 900 N. Michigan Ave., Ste. 1900

Street Address: _____

Chicago, IL 60611

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 23rd day of June, 2022

Please see attached.

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

W-RPM ROYAL APARTMENTS OWNER IX, L.P.,
a Delaware limited partnership

By: W-RPM Royal GP IX, L.L.C.,
a Delaware limited liability company,
its General Partner

By: W-RPM Royal Mezz IX, L.P.,
a Delaware limited partnership,
its Sole Member

By: W-RPM Royal Mezz GP IX, L.L.C.,
a Delaware limited liability company,
its General Partner

By: W-RPM Royal JV IX, L.P.,
a Delaware limited partnership,
its Sole Member


By: W Royal Investors GP IX, L.L.C.,
a Delaware limited liability company,
its General Partner

By: Walton Acquisition Holdings IX, L.L.C.,
a Delaware limited liability company,
its Sole Member

By: Walton Street Real Estate Fund IX, L.P.,
a Delaware limited partnership,
its Managing Member

By: Walton Street Managers IX, L.P.,
a Delaware limited partnership,
its General Partner

By: WSC Managers IX, Inc.,
a Delaware corporation,
its General Partner

By: 
Name: Karla J. Ramirez
Title: Assistant Secretary

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "W-RPM ROYAL APARTMENTS OWNER IX, 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-THIRD DAY OF JUNE, A.D. 2022.

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



6835089 8300

SR# 20222804806

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

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

Authentication: 203748083

Date: 06-23-22