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APPROVED AND FILED 2022 OCT -6 AM II: 33



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## CORPORATE When you need ACCESS to the world

ACCESS, \_\_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

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#### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CG Weston Gables JV Partner LP		
Name of Foreign Limited Par	tnership or Limited Liability	Limited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida.  Please return all correspondence concerning this n	_	a foreign limited partnership or limited liability limited
Contact Person		
· Firm/Company		
. Address		
City. State and Zip Code		
E-mail address: (to be used for future annual rep		
For further information concerning this matter, ple	ase call:	
Name of Contact Person	a1 () Area Code and Dayti	me Telephone Number
Enclosed is a check for the following amount:		
□\$1,000.00 Filing Fee (\$965 Filing Fee and and Certificate of \$35 Registered Agent Status Fee)	s □\$1.052.50 Filing Fees and Certified Copy	□\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:	Street A	Address:

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

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 CG Weston Gables JV Partner 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 3.7/11/2022 State or Country of Formation Date of Formation 47-2579931 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays St. Tallahassee, Florida 32301 6. Thereby 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. **Assistant Secretary** Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 3399 Peachtree Road NE, Suite 600 3399 Peachtree Road NE, Suite 600 Atlanta, Georgia 30326 Atlanta, Georgia 30326 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:\_CGMT Holdco GP, LLC Name of General Partner: 3399 Peachtree Road NE, Suite 600 Street Address: Street Address: Atlanta, Georgia 30326 3399 Peachtree Road NE, Suite 600 Mailing Address: \_\_\_\_ Mailing Address:\_\_\_\_\_ Atlanta, Georgia 30326 Name of General Partner:\_\_\_\_\_\_\_Name of General Partner:\_\_\_\_\_ Street Address: Street Address:

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

#### Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's 12. Attached is a certificate of existence duly authentical Florida Department of State, by the Secretary of State	es after the date this document is filed by the Florida Department of State.)  The applicable statutory filing requirements, this date will not be listed as the
ву:	Ideo GP, LLC  Manuary Company
The individual signing this document affirms that the fa	acts stated herein are true and the individual is aware that false information astitutes 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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CG WESTON GABLES JV PARTNER 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CG WESTON GABLES

JV PARTNER LP" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2022.

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

Authentication: 204478134

Date: 09-26-22

6905564 8300 SR# 20223616428