

B23000000012

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000190892 3)))



H190001908923ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****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
SCH 122 Winter Park II, L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

RECEIVED
TALLAHASSEE, FLORIDA

19 JUN 18 PM 5:51

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

2019-06-18 14:04:05 CST

19542080845 From Ranae McGraw

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

FILED
19 JUN 18 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SCH 122 Winter Park II, 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.P., or 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. 4/17/2019

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 83-4471993

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

Signature of Registered Agent

Angel Shearer
Assistant Secretary

7. Principal Office:

3889 Maple Ave, Ste 200, Dallas, TX 75219

8. Mailing Address:

3889 Maple Ave, Ste 200, Dallas, TX 75219

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: Maple Multi-Family Development L.L.C.

Name of General Partner:

Street Address: 3889 Maple Ave, Ste 200

Street Address:

Dallas, TX 75219

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

FILED
19 JUN 18 PM 5:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 18th day of June, 2019

By: Nadia Beagles, Vice President of Maple Multi-Family Development, L.L.C., general partner

Nadia Beagles

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.817.135, 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