

2/13/23, 1:22 PM

Division of Corporations

# B23000000064

**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.**

(((H23000056712 3)))



H230000567123ABC-

**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

Please honor original date  
2/13/2023

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: legalnotices@liverangewater.com

**FLORIDA/FOREIGN LP/LLP  
HOMESTEAD SAN JOSE TRIANGLE OWNER, LP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

FEB 22 2023

Please honor original date 2/13/2023

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

1. HOMESTEAD SAN JOSE TRIANGLE OWNER, 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

State or Country of Formation

3. February 7, 2023

Date of Formation

4. Federal Employer Identification Number: \_\_\_\_\_

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

CT Corporation System

1200 South Pine Island Road

Plantation, FL 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.

C. T Corporation System

by Kaity Toon, Asst. Sect.

Signature of Registered Agent

7. Principal Office:

c/o RangeWater Real Estate, LLC

One Premier Plaza, 5606 Glenridge Drive, Suite 775

Atlanta, GA 30342

8. Mailing Address:

c/o RangeWater Real Estate, LLC

One Premier Plaza, 5606 Glenridge Drive, Suite 775

Atlanta, GA 30342

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: RW Homestead San Jose Triangle GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: One Premier Plaza, 5606 Glenridge Dr, Ste 775

Street Address: \_\_\_\_\_

Atlanta, GA 30342

Mailing Address: One Premier Plaza, 5606 Glenridge Dr, Ste 775

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

Atlanta, GA 30342

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

2023 FEB 13 PM 9:15

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 7<sup>th</sup> day of February, 2023

Signature of a general partner

Michael Blair, Authorized Person of 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 criminal offense (as provided for in s. 817.165, F.S.)

Filing Fees: \_\_\_\_\_ (including \$50.00 Filing Fee and \$5.00 Registered Agent Fee)

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

Page 2 of 2

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMESTEAD SAN JOSE TRIANGLE OWNER, 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-SECOND DAY OF FEBRUARY, A.D. 2023.

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



7284131 8300

SR# 20230628126

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 202760368

Date: 02-22-23