

B24000000094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

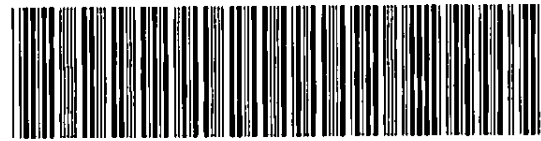
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

27 PM 1:28

ED

MAR 27 2024

K. Brumbley



**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 03/27/2024

Acc#120160000072

*eric DW*

Name:	The Pointe on Westshore AL LP
Document #:	
Order #:	15458826

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<h1>1-2 FILING</h1>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	<h2>LLC 1st - LP 2nd</h2>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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<i>rgeib@alaps.com</i>
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Ref# _____

Amount: \$ **1052.50**

Thank you!

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

1. The Pointe on Westshore AL 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

25-MAR-2024

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 99-2158516

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

C T Corporation System  
1200 S. 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.

John Flynn

Signature of Registered Agent

7. Principal Office:

4890 W. Kennedy Blvd., Suite 900  
Tampa, FL 33609

8. Mailing Address:

4890 W. Kennedy Blvd., Suite 900  
Tampa, FL 33609

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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 Gen. Ptr.: The Pointe on Westshore AL GP LLC

Name of Gen Ptr.: \_\_\_\_\_

Street Address: 4890 W Kennedy Blvd., #900  
Tampa, FL 33609

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

Mailing Address: 4890 W Kennedy Blvd., #900  
Tampa, FL 33609

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.)

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 27th day of March, 2024.

By: The Drake at Deerwood GP LLC

By: /s/ Joseph G. Lubeck  
Joseph G. Lubeck, President

The individual signing this document affirm 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

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE POINTE ON WESTSHORE AL 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 MARCH, A.D. 2024.

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



3327239 8300

SR# 20241166714

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 "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203111249

Date: 03-26-24