B24000000143

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
;- (Business Entity Name)
(Document Number)
 Certified Copies Certificates of Status
Special Instructions to Filing Officer
ı —
Office Use Only



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MAY 1 3 2024

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FILE 2ND



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 05/10/24 Order #: 1503058-1

Re: Ipxii Mf Waterford Lakes Investors LP

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1000 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation AUTH

· Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

`TO: Registration Section Division of Corporations		
SUBJECT: IPXII MF Waterford Lakes Investo	rs LP	
	tnership or Limit	ed Liability Limited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this m		I to register a foreign limited partnership or limited liability limited
Claire Gallagher		
Contact Person		
Equus Capital Partners, Ltd.		
Firm/Company	-	
3843 West Chester Pike		
Address		
Newtown Square, PA 19073		
City, State and Zip Code		
cgallagher@equuspartners.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, ple	ase call:	
Marybeth Lord	215 at (575-2446
Name of Contact Person	Area Cod	e and Daytime Telephone Number
Enclosed is a check for the following amount:		
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fee and Certificate of Status	s □\$1,052.50 F and Certifi	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: 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

IPXII MF Waterford Lakes Investors 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. May 3, 2024 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: c/o Equus Capital Partners, Ltd. c/o Equus Capital Partners, Ltd. 3843 West Chester Pike 3843 West Chester Pike Newtown Square, PA 19073 Newtown Square, PA 19073 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: |PXII MF Waterford Lakes Investors GP LLC Name of General Partner: 3843 West Chester Pike Street Address: Street Address: Newtown Square, PA 19073 Mailing Address: 3843 West Chester Pike ____ Mailing Address: Newtown Square, PA 19073 Name of General Partner: ______ Name of General Partner: Street Address: Street Address: Mailing Address: Mailing Address:

Page 1 of 2

Name of C	General Partner:	Name of General Partner:	
Street Add	lress:	Street Address:	
Mailing A	ddress:	Mailing Address:	
Note: If the da locument's eff 12. Attached is Florida Depart	ite inserted in this block does not meet the fective date on the Department of State's researched at the same of existence duly authentical ment of State, by the Secretary of State or	after the date this document is filed by the Florida Department of Sta applicable statutory filing requirements, this date will not be listed as ecords. ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction.	the ne
•	Ву: /	Waterford Lakes Investors GP LLC nature of a general partner drew J. Brookman, Senior Vice President	
	signing this document affirms that the fac-	ets stated herein are true and the individual is aware that false informate titutes a third degree felony as provided for in s.817.155, F.S.	ion
•	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

CSC QUAL-34547

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "IPXII MF WATERFORD LAKES INVESTORS 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 EIGHTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IPXII MF

WATERFORD LAKES INVESTORS LP" WAS FORMED ON THE SEVENTH DAY OF MAY,

A.D. 2024.

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

Authentication: 203429001

Date: 05-08-24

3613257 8300 SR# 20241971164