

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (800)345-4647 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:



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Heip WARREN JUN 2 3 2017 Kim Tadlock 800-432-3622

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June 21, 2017

## FLORIDA DEPARTMENT OF STATE Division of Corporations

CAPITOL SERVICES, INC

SUBJECT: SAND LAKE 2 MULTI-FAMILY HOLDING (GP) LLC REF: W17000051323

## **\*\*\*PLEASE GIVE THE ORIGINAL SUBMISSION DATE**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no nore than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H17000163345 Letter Number: 017A00012549



P.O BOX 6327 - Tallahassee, Florida 32314

Kim Tadlock 800-432-3622

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| COVER LETTER   |
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| TO: Registration Section<br>Division of Corporations   |
| SUBJECT: Sand Lake 2 Multi-Family Holding (GP) LLC   |
| Name of Limited Liability Company  |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of<br>Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following:  |
| Name of Person   |
| Capitol Services - Corporate Filings Team  |
| Firm/Company   |
| 206 E. 9th St., Ste. 1300  |
| Address  |
| Austin TX 78701  |
| City/State and Zip Code  |
|  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| et ( 600 ) 345-4647  |
| Name of Contact Person Area Code Daytime Telephone Number  |
| MAILING ADDRESSI STREET ADDRESSI   |
| Division of Corporations Division of Corporations<br>Registration Section Registration Section   |
| P.O. Box 6327 Clifton Building   |
| Tallahassee, FL 32314 2661 Executive Center Circle<br>Tallahassee, FL 32301  |
| Enclosed is a check for the following amount:<br>\$125.00 Filing fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate<br>Certificate of Status Certified Copy of Status & Certified Copy   |

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Kim Tadlock 800-432-3622

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

4.

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBARTED TO REGISTER A FOREIGN UNITED IMBRITY COMPANY TO TRANSACT BUSINESS IN THE SPATE OF FLORIDLE

1. Sand Lake 2 Multi-Family Holding (GP) LLC (Name of Foreign Limited Liability Company, mun include "Limited Liability Company," "L.L.C.," or "LLC.")

| Deleware<br>Durid lation under the law of which Groups limited lifetility company is organized)   |   | 3. <u>82-1834637</u><br>(FBI sumber, if applicable)*  |  |
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|   | (Die Erst burtlaated Verlasse in Flande, V pror to reg<br>(Swe sections 603 0704 & 605.0905, F \$ 10 determine  | penality bebridgy)  |  |
| 20435 North 7th St  |   | 6. 3280 Bloor St W, Centre  |  |
| Phoenix, AZ 8502  |   | Toronto, ON MBX 2X3   | <b>* * *</b>   |
| ( nooning rec outer   | T   | I DIDINO, ON MON 245  |  |
|   |   | ······································  | 2 m  |
| Name and street addres  | g of Florids registered agent: (P.O. Box )  | NOT acceptable)   | 19 F   |
|   | Capitol Corporate Services, Inc.  |   |  |
| Name;   |   | ······································  | E PH C   |
| Office Address:   | 155 Office Plaza Dr Ste A   |   | STA IZ   |
|   | Tallahassee   | , Florida _92301  |  |
| comply with the provisi   | Non, I hereby accept the appointment as r<br>lons of all statutes relative to the proper at<br>s of my position as registered agen  | egistered agent and agree to act in<br>nd complete performance of my du   | this capacity. I further ag<br>dies, and 1 am familiar with  |
| comply with the provisi   |   | registered agent and agree to act in<br>nd complete performance of my du<br>A. A. Krista All, Al                  | this capacity. I further ag<br>dies, and 1 am familiar with  |
| comply with the provisi   | ons of all statutes relative to the proper a  | registered agent and agree to act in<br>nd complete performance of my du<br>A Au. Krista Ali, A<br>of Capitol C   | this capacity. I further ago<br>ules, and I am familiar with<br>ast. Secretary on behalf                           |
| comply with the provisi<br>nd accept the obligation.  | ions of all statutes relative to the proper an<br>s of my position as registered agen<br>(Required spen's type<br>inity and address of the person(s) who has/<br><u>Name and Address</u>  | registered agent and agree to act in<br>nd complete performance of my du<br>Market All, All<br>of Capitol C       | ules, and I am familiar with<br>sst. Secretary on behalf   |
| comply with the provisi<br>ad accept the obligation.<br>. The name, title or capt<br><u>Title or Capacityi</u>                              | ions of all statutes relative to the proper an<br>s of my position as registered agen<br>(Required spen's type<br>inity and address of the person(s) who has/<br><u>Name and Address</u>  | registered agent and agree to act in<br>and complete performance of my du<br>AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | this capacity. I further ag<br>utes, and I am familiar with<br>est. Secretary on behalf<br>orporate Services, Inc. |
| comply with the provisi<br>ad accept the obligation.<br>. The name, title or capt<br><u>Title or Capacityi</u>                              | ions of all statutes relative to the proper and<br>s of my position as registered agen<br>(Required agen's top<br>acity and address of the person(s) who has/<br><u>Name and Address</u><br>Evan Kirsh<br>S250 Bloor St W, Gentre Tower, Ste 1400   | registered agent and agree to act in<br>and complete performance of my du<br>AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | this capacity. I further ag<br>utes, and I am familiar with<br>est. Secretary on behalf<br>orporate Services, Inc. |
| comply with the provisi<br>ad accept the obligation.<br>. The name, title or capi<br><u>Title or Capacityi</u><br><u>President/Treasure</u> | Ions of all statutes relative to the proper and<br>s of my position as registered agen<br>(Registered agen's tig<br>neity and address of the person(s) who has/<br><u>Name and Address</u><br>Evan Kirsh<br><u>5260 Bloor St W, Centre Tower. Ste 1400</u><br><u>Toronto, ON M8X 2X3</u>  | registered agent and agree to act in<br>and complete performance of my du<br>AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | this capacity. I further ag<br>utes, and I am familiar with<br>est. Secretary on behalf<br>orporate Services, inc. |
| comply with the provisi<br>ad accept the obligation.<br>. The name, title or capt<br><u>Title or Capacity</u> ;                             | ions of all statutes relative to the proper and<br>s of my position as registered agen<br>(Required agen's top<br>acity and address of the person(s) who has/<br><u>Name and Address</u><br>Evan Kirsh<br>S250 Bloor St W, Gentre Tower, Ste 1400   | registered agent and agree to act in<br>and complete performance of my du<br>AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | this capacity. I further ag<br>utes, and I am familiar with<br>est. Secretary on behalf<br>orporate Services, inc. |
| comply with the provisi<br>ad accept the obligation.<br>. The name, title or capi<br><u>Title or Capacityi</u><br><u>President/Treasure</u> | Ions of all statutes relative to the proper and<br>s of my position as registered agen<br>(Regulared agen's tag<br>incity and address of the person(s) who has/<br><u>Name and Address</u> :<br><u>Evan Kirsh</u><br><u>S260 Bioor St W, Gentre Tower, Ste 1400</u><br><u>Toronto, ON M8X 2X3</u><br><u>David Hanick</u><br><u>S260 Bioor St W, Centre Tower, Ste 1400</u><br>Toronto, ON M8X 2X3 | registered agent and agree to act in<br>and complete performance of my du<br>AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | this capacity. I further ag<br>utes, and I am familiar with<br>est. Secretary on behalt<br>orporate Services, inc. |

Signature of an authorised person

10. This document is executed in accordance with section 605.0203 (1) (b), Plorida Statutes. 1 am aware that any 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.

Evan Kirsh, President

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAND LAKE 2 MULTI-FAMILY HOLDING (GP) LLC" 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 NINETEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAND LAKE 2 MULTI-FAMILY HOLDING (GP) LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN



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Authentication: 202734851 Date: 06-19-17

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5R# 20174828637 You may verify this certificate online at corp.delaware.gov/authver.shtml