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J. HARRIS

CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

W	A	L	K	IN

PICK UP:

	CERTIFIED COPY
	РНОТОСОРУ
	CUS
K	FILING FOREIGN
	Nestgate Outparcel Investors, LLC
	(CORPORATE NAME AND DOCUMENT #)
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•	(CORPORATE NAME AND DOCUMENT #)
ECIA	L INSTRUCTIONS:

COVER LETTER

TO:

TO:	Registration Section Division of Corporatio	ns				
SUBJ:	Westgate Outparce	Investors, LLC				
		Name of	Limited Liability	Company	·	
					ansact Business in Florida," by company to transact busin	
Please	return all correspondence	concerning this matter to the	following:			
	Scott Parr					
		N	lame of Person			
	LG Capital, Ll	.c				
	Firm/Company					
	3500 Maple A	venue, Suite 1600				
			Address			
	Dallas, TX 75	219				
		City/S	State and Zip Code			
	span@leoncapit	algroup.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For fu	rther information concerning	g this matter, please call:				
	Nedra Leach		214 at (865-80	98	
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle sec, FL 32301		
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2017

CORPORATE ACCESS

SUBJECT: WESTGATE OUTPARCEL INVESTORS, LLC

Ref. Number: W17000066686

2017 AUG 15 AH 8: 2
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V

We have received your document for WESTGATE OUTPARCEL INVESTORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Letter Number: 917A00016609

ALL THE TOTAL STATE

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Westgate Outparcel Inv (Name of Force	estors, LLC rign Limited Liability Company; mu	st inclu	le "Limited Lia	bility Company," "L.L.C	.," or "LLC.")			
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpos " or "LLC.")	e of trai	ssecting busines	s in Florida. The alternal	te name roust in	clude '	*Limite	d
2. Delaware		1	82-2458520					
(Jurisdiction under the law company is organized)	of which foreign limited liability	J .	· · · · · ·	(FEI number, if applie	cable)			
4 08/03/2017								
71	(Date first transacted busins (See sections 605,0904 & 605	as in Fi	orida, if prior to	registration.)				
5. 3500 Maple Avenue, S	· · · · · · · · · · · · · · · · · · ·		.s. to belefigue	peakly manificy)				
Dallas, TX 75219							29	
	(Street Address of	nacipa	l Office)	······································			=======================================	-
6. 3500 Maple Avenue, Se	uite 1600		<u>. </u>		*	- 72m 1 i 7	AUG	228 TM
Dallas, TX 75219						, 3 - ,	15	
	(Mailing	Address)				A	("
7. Name and street addres	s of Florida registered agent: (P.	O. Box	NOT accept	able)	-	10		ديمد چ
Name:	Registered Agent Solutions, In	c.	-	_			8: 28	• •
Office Address:	155 Office Plaza Dr. Suite A			_	•	≩• '		
	Tallahassee			, Florida 32301				
Registered agent's accept	(City)			(Zip code	e)			
designated in this applicate to complywith the provision accept the obligations of p	gistered agent and to accept sention, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist	proper	s registered at and complete	gent and agree to act in performance of my discountry Asst. S	in this capaci luties, and I a	y. I fi u fam	urther	agree
	city and address of the person(s)		is/have author	ity to manage is/are:				
	ger, Will Tolliver, Managing Dir	ector	3500 Maple A	venue, Suite 1600, Da	illas, TX 752	9		
Jesus Araiza, Managing D	irector 3500 Maple Avenue, S	uite 16	00, Dallos, TX	75219		_		
Rob Pivnick, Authorized S	Signatory 3500 Maple Avenue,	Suite 1	600, Dallas, T	X 75219		_		
 Attached is a certificate jurisdiction under the law of of the translator must be su 	-M	rtifical	duly authentic e is in a forcig	n language, a translati	ving custody o on of the certi	f teco ficate	tds in (under (ihe oath
This document is executed	in accordance with section 605.0 the Department of State constitu	203 (1)	(b), Florida S	intuies. I am aware the	at any false inf	ormati	ion	

Typed or printed name of signee

Will Tolliver, Managing Director of LG Capital, Manager

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WESTGATE OUTPARCEL INVESTORS, 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 ELEVENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTGATE OUTPARCEL INVESTORS, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2017.

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

Authentication: 203047875

Date: 08-11-17