

To: [Redacted]
Division of Corporations

2016-11-10 10:46:51 CST

19808845 From: Ranae McGraw

PLEASE HONOR ORIGINAL DATE OF 11-07-16

B/60002741

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H160002746943)))



H160002746943ABC6

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

RECEIVED
2016 NOV 10 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP
LMV Grand Bay Holdings, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

2016 NOV 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

PLEASE HONOR ORIGINAL DATE OF 11-07-16

PLEASE HONOR ORIGINAL DATE OF 11-07-16

Electronic Filing Menu Corporate Filing Menu

Help
K. SALY

PLEASE HONOR ORIGINAL DATE OF 11-07-16

NOV 14 2016

PLEASE HONOR ORIGINAL DATE OF 11-07-16

PLEASE HONOR ORIGINAL DATE OF 11-07-16

DocuSign Envelope ID: C17167BE-8016-4ED8-B5DC-02982A4FB0FA

FILED
2016 NOV 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. LMV Grand Bay Holdings, 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. 11/04/2016 Date of Formation

4. Federal Employer Identification Number: 81-4334137

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

6. Thereby 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.

By: C T Corporation System
Kati Wonsch, Asst. Sec.
Signature of Registered Agent

7. Principal Office:
700 N.W. 107th Avenue
Suite 400
Miami, FL 33172

8. Mailing Address:
700 N.W. 107th Avenue
Suite 400
Miami, FL 33172

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:
Learnin Multifamily BTC Venture GP

Name of General Partner: Subsidiary, LLC Name of General Partner:
Street Address: 700 N.W. 107th Avenue, Suite 400 Street Address:
Miami, FL 33172
Mailing Address: 700 N.W. 107th Avenue, Suite 400 Mailing Address:
Miami, FL 33172
Name of General Partner: Name of General Partner:
Street Address: Street Address:
Mailing Address: Mailing Address:

DocuSign Envelope ID: C171679E-8016-4ED8-B5DC-02962A4FBDF A

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.)

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 9th day of November, 2016

DocuSigned by:
Mark Sustana
Signature of a general partner

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

Page 2 of 2

FILED
2016 NOV 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LMV GRAND BAY HOLDINGS, 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 SEVENTH DAY OF NOVEMBER, A.D. 2016.

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

FILED
2016 NOV 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6203248 8300

SR# 20166524345

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203290928

Date: 11-07-16

850-617-6381

11/8/2016 9:39:59 AM PAGE 1/001 Fax Server

PLEASE HONOR ORIGINAL DATE OF 11-07-16



November 8, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: LMV GRAND BAY HOLDINGS, LP
REF: W16000075670

PLEASE HONOR ORIGINAL DATE OF 11-07-16

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

YOU SUBMITTED THE FORM FOR A FOREIGN LLC YOU THE FORM FOA FOREIGN LP,

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.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H16000274694
Letter Number: 216A00023946

PLEASE HONOR ORIGINAL DATE OF 11-07-16

PLEASE HONOR ORIGINAL DATE OF 11-07-16

PLEASE HONOR ORIGINAL DATE OF 11-07-16

PLEASE HONOR ORIGINAL DATE OF 11-07-16