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(Requ	uestor's Name)				
(Address)					
(Address)					
(City/	State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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K. SALY MAR 22 2019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 692080 8006905

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 20, 2019

ORDER TIME : 9:52 AM

ORDER NO. : 692080-025

CUSTOMER NO: 8006905

FOREIGN FILINGS

NAME: WPT DEPOT WAY, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
WPT Depot Way, LP	
SUBJECT: Name of Foreign Lim	nited Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of sta partnership to transact business in Florida. Please return all correspondence concerning	
Emily Conrad	,
Contact Person	<u> </u>
WPT Industrial, Inc.	
Firm/Compan	y
3033 Excelsior Boulevard, Suite 330	
Address	
Minneapolis, MN 55416	
City, State and Zip	Code
econrad@wptreit.com	
E-mail address: (to be used for future am	nual report nonfication)
For further information concerning this ma	itter, please call:
Smily Conrad	at (612 800-8508
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	unt:
\$1,000.00 Filing Fees \$1,008.75 F (\$965 Filing Fee and and Certifier \$35 Registered Agent Status Fee)	iling Fees \$1,052.50 Filing Fees \$\sum \$1,061.35 Filing Fee, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED

19 MAR 21 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TO TRANSACT BUSINESS IN FLORIDA WPT Depot Way, 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 I.J.L.P. 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. 3/11/2019 Delaware Date of Formation State or Country 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 Sticet Tallahassee, FL 32301 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 Corporation Service Company Br. Ence Signature of Registered Agent Asst. Vice President 8. Mailing Address: 7. Principal Office: 3033 Excelsior Boulevard, Suite 330 3033 Excelsior Boulevard, Suite 330 Minneapolis, MN 55416 Minneapolis, MN 55416 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: WPT Depot Way GP, LLC Name of General Parmer: Name of General Partner: 3033 Excelsior Boulevard, Suite 330 Street Address: Street Address: _ Minneapolis, MN 55416 3033 Excelsior Boulevard, Suite 330 Mailing Address: Mailing Address: Minneapolis, MN 55416 Name of General Partner:_______Nume of General Partner:______ Street Address:

Mailing Address:__

Mailing Address:



Name of	General Partner;		Name of General Partner:	LONIUA
Street Ad	dress:	<u> </u>	Street Address:	
Mailing A	Address:		Mailing Address:	
Note: If the d	ate inserted in th		the date this document is filed by the Florida icable statutory filing requirements, this date vals.	
Florida Depar		y the Secretary of State or othe	of more than 90 days prior to the delivery of the official having custody of the entity's record	• •
Signed this	18件	day of March	.20 2019	
		WPT Depot Wa	GP, LLC	
		Signati	ire of a general partner	

The individual signing this document affirms 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 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WPT DEPOT WAY, 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 TWENTIETH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WPT DEPOT WAY, LP" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2019.

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





Authentication: 202483646

Date: 03-20-19

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