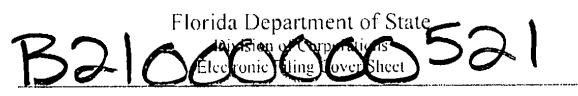
Page: 3 of 6

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Division of Corporations



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.

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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:_

FLORIDA/FOREIGN LP/LLLP

Princeton Groves FL Apartments, LP

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\$1,052.50

Electronic Filing Menu Corporate Filing Menu

Help

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

Princeton Groves FL Apartments, LP	
(Name of Limited Partnership or Limited Liab Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	oility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	ership or limited liability limited partnership proposes to register to transact da; must contain acceptable suffix.
2 Delaware	3, 10/29/2021
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number [pending]	
5. Name of Registered Agent for Service of Process and C.T Corporation System	Florida Street Address:
1200 South Pine Island Road	
Plantation, FL 35324	
of all statutes relative to the proper and complete performy position as registered agent.	d agree to act in this capacity. I further agree to comply with the provision ormance of my duties, and I am familiar with and accept the obligations of aura Broderick Asst. Secretary ure of Registered Agent
7. Principal Office:	8. Mailing Address:
2 St Clair Avenue West, 16th Floor	Same Z
Toronto, Ontario M4V 1L5 Canada	Same FILL SALVANOV 23
	723 File
9. If limited partnership is a limited liability limited pa	
10. Name, principal office address, and mailing address Princeton Groves Fl. Apartn Name of General Partner:	month Cip LLC
Street Address: 2 St Clair Avenue West, 16th Floor	Street Address:
Toronto, Ontario M4V 1L5 Canada	
Mailing Address: same	Mailing Address:
Name of General Partner:	Name of General Partner:
	Street Address:
Mailing Address:	Mailing Address:

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Page 1 of 2

Name of General Partner:		Name of General Partner:
Street Address:		Street Address:
Mailing Address:		Mailing Address:
Note: If the date inserted in this block do document's effective date on the Departm 12. Attached is a certificate of existence of	es not meet the ap nent of State's rec duly authenticated	fier the date this document is filed by the Florida Department of State.) oplicable statutory filing requirements, this date will not be listed as the fords. In not more than 90 days prior to the delivery of this application to the ther official having custody of the entity's records in the jurisdiction under
Signed this 17th day	November of	.20 21
		ives FL Apartments GP, LLC, by Benjamin Bakst, its Manager
	Sign	ature of a general partner
The individual signing this document affi submitted in a document to the Departme	rms that the facts	stated herein are true and the individual is aware that false information tutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optio Certificate of Status (\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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12122023573

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRINCETON GROVES FL APARTMENTS, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204720901

Date: 11-17-21