## **B240**

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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APR 0 2 2024 K. Brumbley

### **CT CORP**

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Da	ate:	04/02/2024	· wil DW
	<del>-</del> -	Acc#I20160000072	anic say
Name:	Lantower RE	EDT Bayside 2 LP	
Document #:	·= •		
Order #:	15458152		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		1-2 F	ILING
Certified Copy of		LLC 1st	- LP2nd
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	1052.50	]

Thank you!

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LANTOWER REDT BAYSIDE 2	LP
	Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status at partnership to transact business in Florida.  Please return all correspondence concerning this	nd fees are submitted to register a foreign limited partnership or limited liability limited s matter to:
Michael Loeb	
Contact Person	<del></del>
Lantower Residential	
Firm/Company	<del></del>
c/o H&R REIT, 3625 Dufferin Street, Suite 50	0
Address	<del></del>
Toronto, Ontario, M3K 1N4	
City, State and Zip Code	<del></del>
mloeb@lantower.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
	at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
S1,000.00 Filing Fees S1,008.75 Filing (\$965 Filing Fee and S35 Registered Agent Fee)	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

 $(x_1,\dots,x_n) \stackrel{q}{\longrightarrow} (x_1,\dots,x_n) = x_1$ 

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

LANTOWER RED	DT BAYSIDE 2 LP	
Acceptable Limited P	imited Partnership or Limited Liability Lim Partnership suffixes: Limited Partnership, Limitability Limited Partnership suffixes: Limited	ited Partnership, which must include suffix) ited, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable	, name under which the limited partnership or business in Florida; must	limited liability limited partnership proposes to register to transact contain acceptable suffix.
2 Delaware		3. March 26, 2024
<u></u>	ate or Country of Formation	Date of Formation
4. Federal Employer	r Identification Number. 65-0979715	
	ed Agent for Service of Process and Florida	Street Address:
C T Corporation Sys	••	
1200 South Pine Isla	and Road	
Plantation, Florida 3.	3324	
of all statutes rela my position as reg	tive to the proper and complete performance of istered agent.  By: Ohn Flynn.	o act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of System  Assistant Secretary  egistered Agent
7. Principal Office:	8. M	ailing Address:
3625 Dufferin Street	t, Suite 500 c/o	H&R REIT
		5 Dufferin Street, Suite 500 - 202
Canada, M3K 1N4 Toron		5 Dufferin Street, Suite 500
9. If limited partne	rship is a limited liability limited partnershi	p, check box.
10. Name, principa	d office address, and mailing address of each	general partner;
Name of General Partner: Lantower REDT Bayside GP 2 LLC		Name of General Partner:
Street Address:	2625 Dufferin Street Suite 500	Street Address:
	Toronto, Ontario, Canada, M3K 1N4	
	c/o H&R REIT. 3625 Dufferin Street, Suite 5	Mailing Address:
	Toronto, Ontario, M3K 1N4	
Name of Genera	l Partner:	Name of General Partner:
Street Address:		Street Address:
Mailing Address	S:	Mailing Address:

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 Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	date this document is filed by the Florida Department of State.) le statutory filing requirements, this date will not be listed as the
12. Attached is a certificate of existence duly authenticated, not n Florida Department of State, by the Secretary of State or other off the law of which it is organized.	nore than 90 days prior to the delivery of this application to the ficial having custody of the entity's records in the jurisdiction under
Signed this 1st day of April	20 24
	of a general partner
The individual signing this document affirms that the facts stated	nergin are true and the individual is aware that false information

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:

production to the second

\$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

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LANTOWER REDT BAYSIDE 2 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 FIRST DAY OF APRIL, A.D. 2024.

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

at soro delaware gov/aut

Authentication: 203155470

Date: 04-01-24