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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DATE: 02/17/22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Motif LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Steven Simontacchi
Contact Person

Phillips, Downs & Simontacchi, LLP
Firm/Company

55 Shaver Street, Suite 330
Address

San Rafael, CA 94901
City, State and Zip Code

steve@marinrelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Simontacchi at (415) 453 9999
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)
- ☐ $1,008.75 Filing Fees and Certificate of Status
- ☐ $1,052.50 Filing Fees and Certified Copy
- ☒ $1,061.25 Filing Fees, 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

CR2E030 (6/17)

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. Motif 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.*

2. 5700 Stoneridge Mall Road, Suite 235

(Street address of initial designated office)

Pleasanton, CA 94588

3. GKL Registered Agents, Inc.

(Name of Registered Agent for Service of Process)

4. 28089 Vanderbilt Dr Suite 201

(Florida street address for Registered Agent)

Bonita Springs, FL 34134

5. *I hereby 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.*

Signature of Registered Agent

6. 5700 Stoneridge Mall Road, Suite 235

(Mailing address of initial designated office)

Pleasanton, CA 94588

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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8. Name and business address of each general partner:

Name:	Business Address:
Thomas Tomanek & Associates VIII, Inc	5700 Stoneridge Mall Road, Suite 235 Pleasanton, CA 94588

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 15th day of February 2022

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

Larissa F. Tomanek

Secretary of General Partner

Filing Fees: $1,000.00 ($905 Filing Fee and $15 Registered Agent Fee)
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75