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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

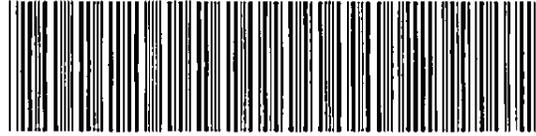
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TALLAHASSEE, FL 32307

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PICK UP: 01/31/2020

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File 2nd

1. **FPSH LIMITED PARTNERSHIP**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

STATE OF ARIZONA

Department of State



LIMITED PARTNERSHIP CERTIFICATION

Issued on 01/30/2020

I, Katie Hobbs, Secretary of State, do hereby certify that FPSH LIMITED PARTNERSHIP with file number 2016589 was filed as a Limited Partnership on 09/30/1999.

JEFFREY I. BROOKS
4647 N. 32ND STREET SUITE B245
PHOENIX AZ 85018-

7/16/2018 Amendment
7/19/2001 Amendment
9/30/1999 Application

2020 JAN 31 AM 8:49
RECEIVED
SECRETARY OF STATE
FILED



Registration Date: 09/30/1999

Date First Used:

Limited Partnership No.: 2016589

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at Phoenix, the capitol, this 30 day of January, 2020.

A handwritten signature in black ink, appearing to be "KH", with a long horizontal flourish extending to the right.

KATIE HOBBS

STATE OF ARIZONA

Department of State



LIMITED PARTNERSHIP CERTIFICATION

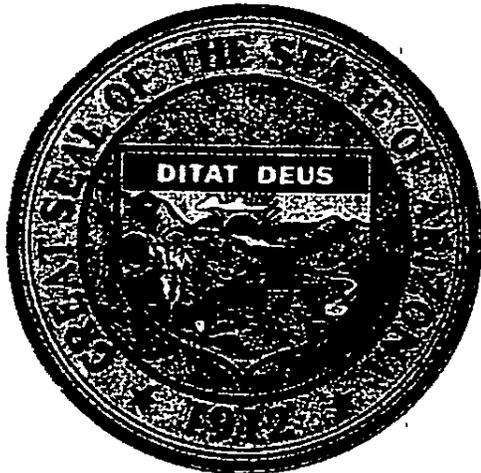
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KATIE HOBBS

FILED

2020 JAN 31 AM 8:49

TALLAHASSEE FLORIDA

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

1. FPSH Limited Partnership

(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 L.L.I.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.

2. Arizona

State or Country of Formation

3. 09/20/1999

Date of Formation

4. Federal Employer Identification Number 86-0968454

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

Jeff Novatt, Esq.

1415 Panther Lane, Suite 327

Naples, FL 34109

6. 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.

Jeff Novatt, Esq.
Signature of Registered Agent

7. Principal Office:

271 Broad Avenue South

Suite 201

Naples, FL 34102

8. Mailing Address:

271 Broad Avenue South

Suite 201

Naples, FL 34102

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

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: PKCR LLC

Name of General Partner: _____

Street Address: 271 Broad Avenue South, Suite 201

Street Address: _____

Naples, FL 34102

Mailing Address: 271 Broad Avenue South, Suite 201

Mailing Address: _____

Naples, FL 34102

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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2020 JAN 31 AM 8:49

TALLAHASSEE FLORIDA

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.)

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.

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 31st day of January, 2020

Paul Fleming

Signature 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