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February 10, 2020

CORPORATE ACCESS, INC.

SUBJECT: ALPINE INCOME PROPERTY OP, LP

Ref. Number: W20000013367

correction File 2nd

We have received your document for ALPINE INCOME PROPERTY OP, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Division of Corporations

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 420A00002900

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

Alpine Income Property OP, 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.P. or LLP. 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. Delaware 3 8/20/2019 State or Country of Formation Date of Formation? 4. Federal Employer Identification Number:____ 5. Name of Registered Agent for Service of Process and Florida Street Address: Daniel E. Smith 1140 N. Williamson Blvd. Suite 140 Daytona Beach, FL 32114 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1140 N. Williamson Blvd, Suite 140 Daytona Beach, FL 32114 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Alpine Income Property GP, LLC Name of General Partner: Name of General Partner:___ 1140 N. Williamson Blvd. Suite 140 Street Address: Street Address: Daytona Beach, FL 32114 _____ Mailing Address:____ Mailing Address: Name of General Partner:_______Name of General Partner:______ Street Address: _____ Street Address: Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Partner:	, <u></u>	_ Name of General Partner:_	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	. ~
11. Effective date, if other than to (Effective date cannot be prior to re Note: If the date inserted in this blocument's effective date on the Effective date.	nor more than 90 days after the a ock does not meet the applicable	late this document is filed by t	the Florida Department of State.) this date will not be listed as the
12. Attached is a certificate of exis Florida Department of State, by the the law of which it is organized.	tence duly authenticated, not mo e Secretary of State or other office	re than 90 days prior to the decial having custody of the enti	elivery of this application to the ty's records in the jurisdiction under
Signed this	_ day of	20 <u>20</u>	Dra F
	WW.	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 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALPINE INCOME PROPERTY OP, 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 SIXTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPINE, INCOME PROPERTY OP, LP" WAS FORMED ON THE TWENTIETH DAY OF AUGUST: A SD. 2019.

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

a at corn delaware equivant

Authentication: 202335186

Date: 02-06-20