

B240000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

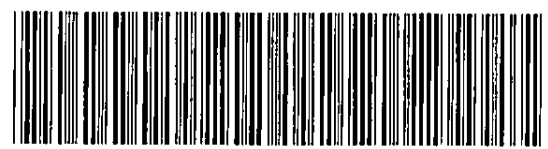
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500427532075

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 APR 25 PM 4: 10

RECEIVED
2024 APR 25 PM 2: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/25/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1244584

ORDER ENTITY

P3 LAF HAWTHORN HOLLOWS LP

PLEASE PERFORM THE FOLLOWING SERVICES:

P3 LAF HAWTHORN HOLLOWS LP (FL)

File the attached foreign qualification document

NOTES:

\$1,000.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P3 LAF Hawthorn Hollows LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Christopher Mataja

Contact Person
LAFAYETTE RE, LLC

Firm/Company
1 Union Square West, Floor 3, Suite 301

Address
New York, NY 10003

City, State and Zip Code
arfsta@ncserv.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:

- \$1,000.00 Filing Fee (\$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 Fee, Certified Copy, and Certificate of Status

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

P3 LAF Hawthorn Hollows 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

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, 4 10/2024

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number _____

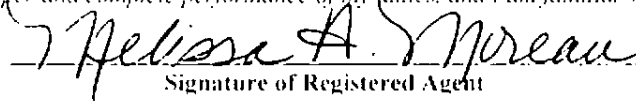
5. Name of Registered Agent for Service of Process and Florida Street Address:

Incorporating Services, Ltd.

1540 Glenway Drive

Tallahassee, FL 32301

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.


Signature of Registered Agent

7. Principal Office:

1 Union Square West, Floor 3, Suite 301

New York, NY 10003

8. Mailing Address:

3500 S DuPont Hwy

Dover, DE 19901

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DIVISION OF CORPORATIONS
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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: P3 LAF Manager LLC

Name of General Partner: _____

Street Address: 1 Union Square West, Floor 3, Suite 301

Street Address: _____

New York, NY 10003

Mailing Address: 3500 South Dupont Hwy

Mailing Address: _____

Dover, DE 19901

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

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: _____.

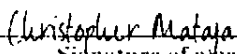
Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.

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 25th day of April, 2024

P3 LAF Manager LLC, the General Partner

DocuSigned by


Signature of a general partner

By: Christopher Mataja, Authorized Person on behalf of 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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P3 LAF HAWTHORN HOLLOWS 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P3 LAF HAWTHORN HOLLOWS LP" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2024.

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



3426088 8300

SR# 20241653355

You may verify this certificate online at corp.dciaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203331724

Date: 04-25-24