

B24000000179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

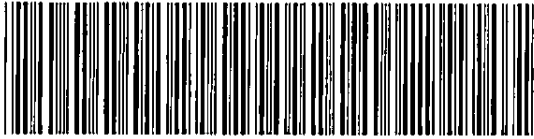
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 MAY 29 PM 3:04

SECRETARY OF STATE  
FALLS CHURCH, NC 27534

2024 MAY 29 AM 11:44

MAY 30 2024

K. Brumbley

MS

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<sup>®</sup>

**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** 5/29/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1258991

**ORDER ENTITY**  
P3 LAF LORRAINE CROSSINGS LP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

P3 LAF LORRAINE CROSSINGS LP (FL)

File the attached foreign qualification document

**NOTES:**

\$1,000.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

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 counter 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 Lorraine Crossings 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:

Chris 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

arfs@jncserv.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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**

1. P3 LAF Lorraine Crossings 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 L.L.L.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. Delaware

3. 5/21/2024

**State or Country of Formation**

**Date of Formation**

4. **Federal Employer Identification Number** \_\_\_\_\_

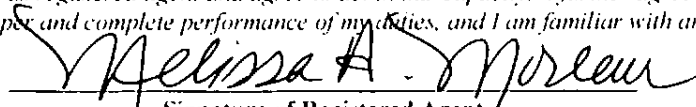
5. **Name of Registered Agent for Service of Process and Florida Street Address:**

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

2024 FEB 29 PM 11:46

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 S 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: \_\_\_\_\_

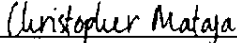
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 28th day of May, 2024  
P3 LAF Manager LLC the General Partner

DocuSigned by:  


Signature of a general partner  
By: Christopher Mataja, Authorized Signatory of its GP

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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P3 LAF LORRAINE CROSSINGS 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-EIGHTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P3 LAF LORRAINE CROSSINGS LP" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2024.

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



3725951 8300

SR# 20242532786

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.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: 203570296

Date: 05-28-24