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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 Phone : (561)842-4104 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

archie @ stoltz companies. Email Address:_

FLORIDA/FOREIGN LP/LLLP COURTHOUSE PARTNERS, LP

| Certificate of Status | 0 |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|-------------------------------|---|---------------------|-----------------------------|--|-------------------------------------|-----------|------------------|
| erro i | ECT: COURTHOUSE PARTNERS, LP | | | | | | _ |
| SUB | Name of Florida Limited Pa | armership | or Limit | d Liability | Limited Part | nership | |
| | nclosed Certificate of Limited Partners | | | submitte | d for filing |]. | |
| Pleas | e return all correspondence concerning | this ma | tter to: | | | | |
| DAVI | D B. NORRIS, ESQ. | | | _ | | | |
| | Contact Person | | | | | | |
| COHE | en, norris, wo <mark>lmer, ray, t</mark> elepman | & COHE | N | | | | |
| | Firm/Company | | | _ | | | |
| 712 U | S. HIGHWAY ONE, SUITE 400 | | | | | | |
| | Address | · | | _ | | | |
| NOR | TH PALM BEACH, FL 33408 | | | _ | | | |
| | City, State and Zip Code | | | | | | |
| | @stoltzcompanies.com | | | | | | |
| | E-mail address: (to be used for future annual re | port notif | ication) | | | | 20! |
| For f | urther information concerning this mat | ter, plea | se call: | | | ÷. | 2019 ∧ UG |
| David | l B. Norris | at (⁵⁶¹ | |)844-3600 | | | 22 |
| | Name of Contact Person | Are | a Code a | nd Daytime | Telephone ? | vumber | |
| Encl | osed is a check for the following amou | nt: | | | | | MHII: |
| (S \$3 | 1,000.00 Filing Fees \$\int \\$1,008.75 Filing Fees 965 Filing Fee and and Certificate of Status ec) \$\$1,008.75 Filing Fees and Certificate of Status | s 🔲 \$1,0 and | 52,50 Fil Certified | ling Fees [Copy | \$1,061.25 Certified Certificate | .opy, und | |
| Regi Divi Clift 2661 | EET ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, FL 32301 | | Regist Divisi P. O. I | ING AD ration Secon of Corp Box 6327 rassee, FL | tion porations | | |
| CR2E | E030 (6/17) | | | | | | |

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

| COURTHOUSE PARTNERS, 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. 301 YAMATO ROAD, SUITE 3199 | _ | |
| (Street address of initial designated office) | | |
| BOCA RATON, FL 33431 | • | |
| 3 DAVID B. NORRIS, ESQ. | | |
| (Name of Registered Agent for Service of Process) | | |
| 4. 712 U.S. HIGHWAY ONE, SUITE 400 | | |
| (Florida street address for Registered Agent) | | |
| NORTH PALM BEACH, FL 33408 | - | |
| 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am for with and accept the obligations of my position as registered agent. Signature of Registered Agent | comply familiar 2019 AUG 22 | 2. All |
| 6. 301 YAMATO ROAD, SUITE 3199 (Mailing address of initial designated office) | ختن س | ن : |
| BOCA RATON, FL 33431 | A | وسي) |
| 7. If limited partnership elects to be a limited liability limited partnership, check box | 26 | |

Page t of 2

| lame: U9000209339 | Business Address: 301 YAMATO ROAD, SUITE 3199 | |
|---|--|-----------------|
| OURTHOUSE PARTNERS GP, LLC | 301 YAMATO ROAD, ASULTE STOO | - |
| | BOCA RATON, FL 33431 | _ |
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| 9. Effective date, if other than the date | of filing: | 2019 AU |
| Effective date cannot be prior to nor m | or than 90 days after the date the document is f | ilea i |
| the Florida Department of State.) | loes not meet the applicable statutory filing requi | renge |
| this date will not be listed as the docum | ent's effective date on the Department of State's | reco |
| | • | - |
| simulable 22 d | avof AUGUST 2019 | _ o |
| ar | submit this document and affirm that the facts s | tate |
| herein are true. I/We am/are aware that Department of State constitutes a third | any false information submitted in a document to degree felony as provided for in \$.817.155, F.S. | _ |
| COURTHOUSE PARTNERS GP, LLC, a | | |
| Florida limited liability com | eny | |
| BY: A. A. A. A. | | _ |
| | | |
| A. Archie Stoltz, II, Mana Filing Fees: 5 | iger 1,000.00 (\$965 Filing For and \$35 Registered Agent For 52.50 | ;) |

Page 2 of 2