

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.
Account Number : I20020000137
Phone : (904) 301-1269
Fax Number : (904) 301-1279

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

Email Address:

gladniero@drivermcafee.com

**FLORIDA/FOREIGN LP/LLLP
Mandalay Sponsor Venture IV, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

FILED
2021 MAR -2 PM 5:32
TALLAHASSEE, FLORIDA

FILED

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

FILED
2021 MAR -2 PM 5:32
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

1. Mandalay Sponsor Venture IV, L.P.
(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. 3955 Riverside Avenue, Suite 202
(Street address of initial designated office)
Jacksonville, Florida 32205

3. Contega Business Services, LLC
(Name of Registered Agent for Service of Process)

4. One Independent Drive, Suite 1200
(Florida street address for Registered Agent)
Jacksonville, Florida 32202

5. *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
By: Matthew G. Breuer, Executive Vice President

6. 3955 Riverside Avenue, Suite 202
(Mailing address of initial designated office)
Jacksonville, Florida 32205

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:Business Address:

Mandalay Real Estate Partners, LLC

3955 Riverside Avenue, Suite 202

Jacksonville, Florida 32205

9. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date the 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.

Signed this 1st day of March, 2021

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

Mandalay Real Estate Partners, LLC

By: _____

James J. Connors, Its Principal

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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