## A21000000271

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) |
|---------------------------------------------------------------------------------------------------------------|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                                |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                                |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                                           |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                                           |
| PICK-UP WAIT MAIL  (Business Entity Name)                                                                     |
| PICK-UP WAIT MAIL  (Business Entity Name)                                                                     |
| (Business Entity Name)                                                                                        |
|                                                                                                               |
|                                                                                                               |
| (Document Number)                                                                                             |
| (Document Number)                                                                                             |
|                                                                                                               |
|                                                                                                               |
| Certified Copies Certificates of Status                                                                       |
|                                                                                                               |
| Special Instructions to Filing Officer:                                                                       |
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Office Use Only



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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 849876 8113042 AUTHORIZATION : COST LIMIT : \$ 1000.00 ORDER DATE : June 9, 2021 ORDER TIME : 8:29 AM ORDER NO. : 849876-005 CUSTOMER NO: 8113042 DOMESTIC FILING NAME: SANTA CLARA II PRESERVATION, LTD. EFFECTIVE DATE: ARTICLES OF INCORPORATION XX CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                         |                                                                                                            |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| SUBJECT: Santa Clara II Preservation                                                      | , Ltd.                                                                                                     |
|                                                                                           | tnership or Limited Liability Limited Partnership                                                          |
| The enclosed Certificate of Limited Partner                                               | ship and fees are submitted for filing.                                                                    |
| Please return all correspondence concerning                                               | g this matter to:                                                                                          |
| Hanna Jamar                                                                               |                                                                                                            |
| Contact Person                                                                            |                                                                                                            |
| Lincoln Avenue Capital                                                                    |                                                                                                            |
| Firm/Company                                                                              |                                                                                                            |
| 680 5th Avenue 17th Floor                                                                 |                                                                                                            |
| Address                                                                                   |                                                                                                            |
| New York, NY 10019                                                                        |                                                                                                            |
| City, State and Zip Code                                                                  |                                                                                                            |
| hanna@lincolnavecap.com jinxi@<br>E-mail address: (to be used for future annual re        | elincolnavecap.com  port notification)                                                                     |
| For further information concerning this mat                                               | ter, please call:                                                                                          |
| Hanna Jamar                                                                               | at (646 ) 585-5525                                                                                         |
| Name of Contact Person                                                                    | Area Code and Daytime Telephone Number                                                                     |
| Enclosed is a check for the following amount                                              | nt:                                                                                                        |
| \$1,000.00 Filing Fees S1,008.75 Filing Fees and Certificate of S35 Registered Agent Fee) | \$1,052.50 Filing Fees and Certified Copy S1,061.25 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS:                                                                           | MAILING ADDRESS:                                                                                           |
| Registration Section                                                                      | Registration Section                                                                                       |
| Division of Corporations Clifton Building                                                 | Division of Corporations P. O. Box 6327                                                                    |
| Clifton Building 2661 Executive Center Circle                                             | Tallahassee, FL 32314                                                                                      |
| Tallahassee, FL 32301                                                                     | randianos, ris Jasin                                                                                       |

CR2E030 (01/06)

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

| (Name of Limited Partnership or Limited Liability Limited Partnership, which must a Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership.                               |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 2,401 Wilshire Blvd, Suite 1070,                                                                                                                                                                                                                                                                             |               |
| (Street address of initial designated office)                                                                                                                                                                                                                                                                |               |
| Santa Monica, CA 90401                                                                                                                                                                                                                                                                                       |               |
| 3 Corporation Service Company                                                                                                                                                                                                                                                                                |               |
| (Name of Registered Agent for Service of Process)                                                                                                                                                                                                                                                            |               |
| 1201 Hays Street                                                                                                                                                                                                                                                                                             |               |
| (Florida street address for Registered Agent)                                                                                                                                                                                                                                                                |               |
| Tallahassee, FL 32301                                                                                                                                                                                                                                                                                        |               |
| 5. I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.  Corporation Service Company  By: |               |
| Signature of Registered Agent                                                                                                                                                                                                                                                                                |               |
| 5,401 Wilshire Blvd, Suite 1070,                                                                                                                                                                                                                                                                             | $\sim 10^{2}$ |
| (Mailing address of initial designated office)                                                                                                                                                                                                                                                               | 7             |
| Santa Monica, CA 90401                                                                                                                                                                                                                                                                                       | <u>्र</u><br> |

| 8. Name and business address of ea Name:                                                                                      | ch general partner: Business Address:                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Santa Clara II GP LLC                                                                                                         | 401 Wilshire Blvd, Suite 1070                                                                                                                         |
|                                                                                                                               | Santa Monica, CA 90401                                                                                                                                |
|                                                                                                                               |                                                                                                                                                       |
|                                                                                                                               |                                                                                                                                                       |
|                                                                                                                               | <del> </del>                                                                                                                                          |
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|                                                                                                                               | <u>.                                    </u>                                                                                                          |
|                                                                                                                               | <del></del>                                                                                                                                           |
| 9. Effective date, if other than the date of fi                                                                               | iling:                                                                                                                                                |
| (Effective date cannot be prior to no<br>filed by the Florida Department of S                                                 | r more than 90 days after the date the document is tate.)                                                                                             |
| Signed this 8th day o                                                                                                         | June                                                                                                                                                  |
| Signature of each general partner: I/stated herein are true. I/We am/are a document to the Department of States.817.155, F.S. | We submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in |
| Hanna Jamar                                                                                                                   | <del>-</del>                                                                                                                                          |
| By:Hanna Jamar, Vice President of<br>Clara II GP LLC, a Delaware limite<br>liability company, its general partner             | ed                                                                                                                                                    |
| Filing Fees:<br>Certified Copy (optional):<br>Certificate of Status (optional):                                               | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)<br>\$52.50<br>\$8.75<br>Page 2 of 2                                                       |