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To:

Division of Corporations

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: (850)617-6383

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Account Name : RASI

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## Del Fuego Paradise LLLP

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S. FRANKLIN JUL 22 2022

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Partnership suffixes: Limited I suffixes: Limited Liability Lim	or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership ited Partnership, L.L.L.P. or LLLP.	
2. 900 East Atlantic Avenu	ė	
	(Street address of initial designated office)	
Del Ray Beach, FL 334	83	
Registered Agent Solution	ons, Inc.	
	(Name of Registered Agent for Service of Process)	
4. 155 Office Plaza Dr., Su	ite A	2022 1 5.21
	(Florida street address for Registered Agent)	;: # <u></u>
Tallahassee, FL 32301		. 21
with the provisions of all st	ointment as registered agent and agree to act in this capacity. I further agree to atutes relative to the proper and complete performance of my duties, and I am faions of my position as registered agent.	
with and accept the obligati		
wan ana accept the oongan	<del>21</del>	
wun ини иссері іне оондин -	Signature of Registered Agent	
6. 900 East Atlantic Av	Signature of Registered Agent	-
-	Signature of Registered Agent	-

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Name and business address of each Name:	Business Address:
oseph DeNicola	2 Heidie Court
	St. James, NY 11780
	-2
	2022 111-2
the Florida Department of State.)  Note: If the date inserted in this block	more than 90 days after the date the document is filed by  does not meet the applicable statutory filing requirements, ment's effective date on the Department of State's records.
Signed this	
Signature of each general partner: I/W herein are true. I/We am/are aware that	Ve submit this document and affirm that the facts stated at any false information submitted in a document to the d degree felony as provided for in s.817.155, F.S.
Certifled Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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