

A23000000150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

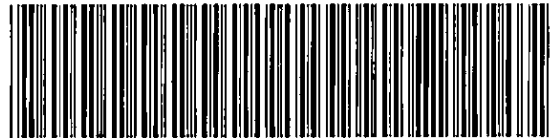
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-40428

W23-41713
20167

Office Use Only



400404499814

2023 MAR 23 AM 10:55

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AND
FILED

DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

2023 MAR 23 PM 2:29

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MAR 31 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2023

CT

SUBJECT: GRO SPV US D1, LP
Ref. Number: W23000040428

CORRECTED
Please Allow For
Same File Date

We have received your document for GRO SPV US D1, LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 223A00006868

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ALL AMASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/23/2023

Acc#I20160000072

en: c DW

Name:	GRO SPV US D1, LP
Document #:	
Order #:	14851888

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

dabernathy@orrick.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1052.50

Thank you!

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

1. GRO SPV US D1, 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. 1300 Brickell Avenue, Miami Florida 33131
(Street address of initial designated office)

3. C T Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)

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.*

Meredith Hellwig Meredith Hellwig, Assistant Secretary

Signature of Registered Agent

6. 1300 Brickell Avenue, Miami, Florida 33131
(Mailing address of initial designated office)

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

2023 MAR 23 AM 10:55

NOT RECORDED
AND
FILED

8. Name and business address of each general partner:

Name:

Business Address:

GRO GP DI, LLC

1300 Brickell Avenue, Miami, Florida 33131

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 23rd day of March 2023

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.

GRO GP DI, LLC, general partner

By: Deborah Abernathy,

Authorized Person

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75