Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000203659 3)))



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To:

. 15612148442

Division of Corporations

Fax Number

: (850)617-6383

From:

to.

""

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

mail Address	5 <b>:</b>

## FLORIDA/FOREIGN LP/LLLP Summerhill Triple Crown LLLP

Certificate of Status	1
Certified Copy	0
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June 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPUTERSHARE

SUBJECT: SUMMERHILL TRIPLE CROWN LLLP

REF: W24000088883

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 It cannot be dissolved, revoked, canceled or withdrawn.

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

KYLE D BRUMBLEY FAX Aud. #: H24000203659

Regulatory Specialist II Supervisor Letter Number: 424A00012764

Registration Section

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

Summerhill Triple Crown LLLP		
(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. 382 NE 191st St Suite 96912		
(Street address of initial designated office)		
Miami, FL 33179		
3 Corporate Creations Network Inc.		
(Name of Registered Agent for Service of Process)		
4. 801 US Highway 1	24	S S
(Florida street address for Registered Agent)		10 10 13 13
North Palm Beach, Fl. 33408		물론 유류
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 far with and accept the obligations of my position as registered agent.		CORPORATION
Marja Souza, Special Secretary	_	÷
Signature of Registered Agent		
382 NE 191st St Suite 96912		
(Mailing address of initial designated office)		
Miami, FL 33179		

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

<ol><li>Name and business address of ea Name:</li></ol>	th general partner: Business Address:		
Summerhill Triple Crown GP, LLC	382 NE 191st St Sui	te 96912	
· · · · · · · · · · · · · · · · · · ·	Miami, FL 33179		
<del></del>			
!			
<b>:</b> :			
9. Effective date, if other than the d (Effective date cannot be prior to not the Florida Department of State.)  Note: If the date inserted in this block this date will not be listed as the doc	or more than 90 days after ck does not meet the applic	cable statutory filing requirements	
Signed this 18th	_ day of	2024	
Signature of each general partner: I/herein are true. I/We am/are aware t Department of State constitutes a thi	hat any false information s	submitted in a document to the	
Hy 21.5	Summerhill Triple Crow Pariner By: Marja Souza		
Filing Fees:	\$1,000.00 (\$965 Filing Fee	and \$35 Registered Agent Fee)	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		

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