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.

(((H24000223150 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273

Phone

: (904)346-5702

Fax Number

: (904)396-0663

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

Email Address: DShaver@RTLaw.com

FLORIDA/FOREIGN LP/LLLP **7VEN HOLDINGS LLLP**

| Certificate of Status | 0 |
|-----------------------|------------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,000.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

To: 8506176381 From: Amber Penagos 6/28/2024 3:39:34 PM p. 4 of 7

(((H24000223150 3)))



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to file a Florida limited partnership or limited liability limited partnership pursuant to section 620.1201, Florida Statutes. Section 620.1204, Florida Statutes, requires the certificate of limited partnership to be signed by all general partners.

Pursuant to Chapter 620, Florida Statutes, every legal or commercial business entity listed as a general partner on the attached certificate of limited partnership must have an active registration or filing on file with the Florida Department of State before the enclosed document can be processed by this office. Should you need the form and instructions to properly register a non-individual general partner, please call (850) 245-6051.

The fee to file the certificate of limited partnership is \$1,000 (\$965 filing fee and \$35 registered agent designation fee). A certified copy or certificate of status may be requested at the time of filing. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested. Please send one check for the total amount due made payable to the Florida Department of State.

Important Information About the Requirement to File an Annual Report

All Florida Limited Partnerships or Limited Liability Limited Partnerships must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$500. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

For further information, you may contact the Registration Section at (850) 245-6051.

CR2E030 (6/17)

To: 8506176381 From: Amber Penagos 6/28/2024 3:39:34 PM p. 5 of 7

(((H24000223150 3)))

COVER LETTER

| TO: Designation Continu | | | |
|--|---------------------|-----------------------------|--|
| TO: Registration Section Division of Corporation | ons | | |
| SUBJECT: 7VEN HOLDINGS, | | | |
| | | rtnership or Lin | nited Liability Limited Partnership |
| Truite 571 | iona commedia | tineramp of Ear | med classify billined various imp |
| The enclosed Certificate of Li | mited Partners | hip and fees a | are submitted for filing. |
| Please return all corresponden | nce concerning | this matter to |) : |
| JULIE-ANNA DUCEY | | | |
| Contact | Person | | _ |
| ROGERS TOWERS, P.A. | | | |
| Firm/Co | трапу | | |
| 1301 RIVERPLACE BLVD., SUIT | E 1500 | | |
| Add | iress | | _ |
| JACKSONVILLE, FL 32207 | | | |
| City, State as | nd Zip Code | | _ |
| JDUCEY@RTLAW.COM | | | |
| E-mail address: (to be used for | r future annual rep | ort notification |) |
| For further information conce | ming this matte | er, please call | l: |
| JULIE-ANNA DUCEY | | at (⁹⁰⁴ | 346-5525 |
| Name of Contact Person | | Area Code | and Daytime Telephone Number |
| Enclosed is a check for the fol | llowing amoun | t: | |
| \$1,000.00 Filing Fees \$1,00 (\$965 Filing Fee and and C \$35 Registered Agent Fee) | ertificate of | S1,052.50 F and Certifie | Filing Fees S1,061.25 Filing Fees, ed Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS: | | | LING ADDRESS: |
| Registration Section | | | stration Section |
| Division of Corporations | | | ion of Corporations |
| Clifton Building 2661 Executive Center Circle | | | Box 6327 |
| Tallahassee, FL 32301 | | I alla | hassee, FL 32314 |

CR2E030 (6/17)

(((H240002231503)))

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

| Name of Limited Parmership 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 uffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. | , |
|---|----------|
| 7595 BAYMEADOWS WAY, SUITE 100 | |
| (Street address of initial designated office) | - |
| JACKSONVILLE, FL 32256 | |
| K. MAC BRACEWELL, JR. | |
| (Name of Registered Agent for Service of Process) | _ |
| 1301 RIVERPLACE BLVD., SUITE 1500 | |
| (Florida street address for Registered Agent) | _ |
| JACKSONVILLE, FL 32207 | _ |
| . I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to the provisions of all statutes relative to the proper and complete performance of my duties, and I am fith and accept the obligations of my position as registered agent. | |
| | |
| Signature of Registered Agent | |
| • • • • • • • • • • • • • • • • • • • | |
| ~ ~ ~ | |
| 7595 BAYMEADOWS WAY, SUITE 100 (Mailing address of initial designated office) | |

Page 1 of 2

From: Amber Penagos

(((H24000223150 3)))

| Name: | . Name and business address of each general partner: Business Address: | | | |
|---|---|-----------------------------------|--|--|
| 7VEN GP, LLC | 7595 BAYMEADOW | S WAY, SUITE 100 | | |
| | JACKSONVILLE, FL | JACKSONVILLE, Ft. 32256 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | - | *** | | |
| | | | | |
| | | | | |
| Effective date, if other than the of Effective date cannot be prior to make Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do | or more than 90 days after the | ble statutory filing requirements | | |
| Signed this | day of | 2024 | | |
| Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the manage | that any false information su' | bmitted in a document to the | | |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee ar \$52.50 \$8.75 Page 2 of 2 | nd \$35 Registered Agent Fee) | | |