

# Florida Department of State

Division of Corporations

**A24000000647**

**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.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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.\*\***

Email Address: \_\_\_\_\_

## FLORIDA/FOREIGN LP/LLLP

MHP Coconut, LTD

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 16 AM 11:24

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Help

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

1. MHP Coconut, LTD  
 (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. 777 Brickell Ave., Suite 1300  
 (Street address of initial designated office)  
Miami, FL 33131

3. Christopher Shear  
 (Name of Registered Agent for Service of Process)

4. 777 Brickell Ave., Suite 1300  
 (Florida street address for Registered Agent)  
Miami, FL 33131

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.

  
 Signature of Registered Agent

6. 777 Brickell Ave., Suite 1300  
 (Mailing address of initial designated office)  
Miami, FL 33131

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

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TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:

Business Address:

MHP Coconut GP, LLC

777 Brickell Ave., Suite 1300

Miami, FL 33131

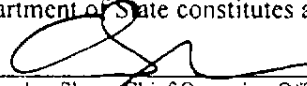
9. Effective date, if other than the date of filing:

*(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 16<sup>th</sup> day of December, 2024

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.

  
Christopher Shear, Chief Operating Officer  
of MHP Coconut GP, LLC

**Filing Fees:**

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

**Certified Copy (optional):**

\$52.50

**Certificate of Status (optional):**

\$8.75