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05/12/16--01017--003 **1061.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 12 AM 8:40

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MAY 13 2016
J. HARRIS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/12/16

NAME: TREZ FORMAN CAPITAL GROUP LP

TYPE OF FILING: APPLICATION

COST: 1,061.25 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

** File Second **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trez Forman Capital Group LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Harry J. Friedman

Contact Person

Greenberg Traurig, P.A.

Firm/Company

401 East Las Olas Boulevard, Suite 2000

Address

Fort Lauderdale, FL 33301

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry J. Friedman

Name of Contact Person

at (954) 765-0500

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Trez Fortman Capital Group 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. March 31, 2016

Date of Formation

4. Federal Employer Identification Number: 81-2100319

5. Name of Registered Agent for Service of Process and Florida Street Address:

Capitol Corporate Services, Inc.

155 OFFICE PLAZA DR STE A

TALLAHASSEE, FL 32301

6. 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.

Sadi Boyette, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Sadi Boyette
Signature of Registered Agent

7. Principal Office:

1501 Corporate Drive

Woolbright Executive Center, Suite 240

Boynton Beach, FL 33426

8. Mailing Address:

1185 West Georgia Street, Suite 1550, Vancouver BC V6E 4E6

Attention: Alexander (Sandy) Manson

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Trez Capital Group (Florida) GP, LLC

Name of General Partner: _____

Street Address: Woolbright Executive Center, Suite 240

Street Address: _____

Boynton Beach, FL 33426

Mailing Address: 1185 West Georgia Street, Suite 1550

Mailing Address: _____

Vancouver BC V6E 4E6

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FL 32301

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: Upon filing
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11th day of May, 20 16


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TREZ FORMAN CAPITAL GROUP LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREZ FORMAN CAPITAL GROUP LP" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6004650 8300

SR# 20163120410

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202306310

Date: 05-12-16