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### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Peak Life Capital	LP
	rship or Limited Liability Limited Partnership
The enclosed application, certificate of status and fees partnership to transact business in Florida. Please return all correspondence concerning this matt	s are submitted to register a foreign limited partnership or limited liability limited or to:
Anthony Marc Ohayon	<del> </del>
Peak Life Capital LP	
46 Key Haven Road	
Kcy West, FL 330	540 ·
City. State and Zip Code  Peaulife Capital Ogmail ( E-mail address: (to be used for future annual report	 .om
For further information concerning this matter, please Anthony Marc Ohayon Name of Contact Person	at ( 305 ) 509 - 2888 Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	/
S1,000,00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and and Certificate of S35 Registered Agent Fee)	S1,052.50 Filing Fees S1,061.25 Filing Fee, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2061 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 Peak Life Capital LP

1.

Acceptable Limited Partnership suffixes: Limited Part	hiability Limited Partnership, which must include suffix) nership, Limited, L.P., LP, or Ltd ses: Limited Liability Limited Partnership, L.I. L.P. or LLLP
If name unavailable, name under which the limited pabusiness in F	Interesting or limited liability limited partnership proposes to register to transact lorida; must contain acceptable suffix.  3. 12/31/18  Date of Formation
State or Country of Formation	
4. Federal Employer Identification Number.	33-2998012
5. Name of Registered Agent for Service of Process  Anthony Marc Ohayon  46 Key Haven Road  Key Nest, FL 33040	and Florida Street Address:
of all statutes relative to the proper and complete pomy position as registered agent.	t and agree to act in this capacity. I further agree to comply with the provisions erformance of my duties, and I am familiar with and accept the obligations of my duties of the obligations of my duties of Registered Agent
7. Principal Office:  46 Key Haven Road  Key West, FL 33040	8. Mailing Address:  46 Key Hyven Row  Key West, FL 33040
9. If limited partnership is a limited liability limited	d partnership, check box.
10. Name, principal office address, and mailing add	dress of each general partner:
Name of General Partner: Anthony Murc (	Drayon Name of General Partner
Struet Address: 46 Key Haven Road, FL, 33040	
<del></del>	Wey Mailing Address:
, , ,	Name of General Partner:
	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner:	Name of General Partner:		
	Street Address:		<b>=</b> +
Mailing Address:	Mailing Address:		
11. Effective date, if other than the date of filing:  Effective date cannot be prior to nor more than 90 days.  Note: If the date inserted in this block does not meet the	after the date this document is filed by the Fl	orida Department of State.) date will not be listed as the	
focument's effective date on the Department of State's re	ecords.		
<ol> <li>Attached is a certificate of existence duly authenticate florida Department of State, by the Secretary of State or he law of which it is organized.</li> </ol>			nder
Signed this 21st day of April	.20 19		
B.	naw hee		
•	gnature of a general partner		
The individual signing this document affirms that the fac abmitted in a document to the Department of State cons			1
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Re \$52.50 \$8.75		
	Page 2 of 2	2019 NAY - 1 PH	
		PH 2: 46	

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:22 PM 12/31/2018
FILED 12:22 PM 12/31/2018
SR 20188440877 - File Number 7217339

## CERTIFICATE OF LIMITED PARTNERSHIP

OF

# Peak Life Capital LP

THE UNDERSIGNED, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

FIRST: The name of the limited partnership is: Peak Life Capital LP

**SECOND:** The name and address of the Registered Agent is: 16192 Coastal Highway. Lewes Delaware 19958-9776, County of Sussex. The registered agent in charge thereof is Harvard Business Services. Inc.

**THIRD:** The name and mailing address of each general partner is as follows:

Anthony Ohayon 749 9th Street Durham, NC 27705

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership of Peak Life Capital LP on December 3, 2018.

Signature of Anthony Ohayon

General Partner