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(((H19000300892 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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

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FLORIDA/FOREIGN LP/LLLP D. Alexander Fund I LP

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10/10/2019 9:52:00 AM PAGE 1/001 Fax Server



October 10, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: D. ALEXANDER FUND I LP

REF: W19000090279

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.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Specialist II FAX Aud. #: H19000300892 Letter Number: 819A00020814 dolloop signature wellfloations assures 444 annual by sour

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

19 OCT 9 PM 10: 32 TO TRANSACT BUSINESS IN FLORIDA D. Alexander Fund H.P. (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, LLLP 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. 3. 4/1/2019 2. Delaware State or Country of Formation 4. Federal Employer Identification Number: 83-4391357 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby 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 CT Corporation System my position as registered agent Bemadette Baker Signature of Registered Secretary 8. Mailing Address: 7. Principal Office: 1441 Little Raven Street, Unit 19008 1441 Little Raven Street, Unit 19008 Denver, Colorado 80202 Denver, Colorado 80202 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: D. Alexander, Inc. Name of General Partner: 1441 Little Raven Street, Unit 19008 Street Address: Street Address: Denver, Colorado 80202 1441 Little Raven Street, Unit 19008 ____ Mailing Address:_ Mailing Address: emilion. Denver, Colorado 80202

Page 1 of 2

Mailing Address:

Street Address:

Name of General Partner: Name of General Partner: ______

Street Address:

Mailing Address:

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Name of General Partner:	Name of General Parti	ner:	
Street Address:	Street Address:		
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Mailing Address:	Mailing Address:		
11. Effective date, if other than the date of filing:_ (Effective date cannot be prior to nor more than 90 d	ing after the date this document is filed	i by the Florida Department of S	tate.)
Note: If the date inserted in this block does not meet document's effective date on the Department of State	the applicable statutory filing requirem	ients, this date will not be listed	as the
12. Attached is a certificate of existence duly authent Florida Department of State, by the Secretary of State the law of which it is organized.	icated, not more than 90 days prior to t e or other official having custody of the	he delivery of this application to entity's records in the jurisdicti	the on under
Signed this day of October	,20 19		7
aa	exallison (daloaa ve 1294) 18 Caminti	rified LIZAM SECT SQLYZ-LIFOX	
Ale	Signature of a general partner cander Alison, Chief Executive Officer		•
The individual signing this document affirms that the submitted in a document to the Department of State of	facts stated herein are true and the ind onstitutes a third degree felony as prov	lividual is aware that false inform vided for in s.817.155, F.S.	nation
Filing Fees: Certifled Copy (optional):	\$1,000.00 (\$965 Filing Fee a	and \$35 Registered Agent Fee)	· ,
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Page 2 of 2

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAMARE, DO HEREBY CERTIFY "D. ALEXANDER FUND I 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 FIRST DAY OF OCTOBER, A.D. 2019.

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

19 OCT -9 PH 10: 32



Authentication: 203700970

Date: 10-01-19

7353936 8300

SR# 20197315386

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