

**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.

(((H190003495383)))



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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

\*\*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 PAC-1980 Lake Fountain, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

₩.

	or Limited Liability Limited Partnership, which must include suffix)  Limited Partnership, Limited, L.P., LP, or Ltd.	
	nership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
	the limited partnership or limited liability limited partnership proposes to reg business in Florida; must contain acceptable suffix.	fister to transact
State or Country of Fo	3.10/14/2019 Date of Formation	
4. Federal Employer Identification Num		
5. Name of Registered Agent for Servic	e of Process and Florida Street Address:	
Registered Agents Inc.	TAI:	201
7901 4th St N STE 300		F   2019 DEC
St. Petersburg FL 33702	五 い。 い。 い。	C-3
of all statutes relative to the proper an	gistered agent and agree to act in this capacity. I further agree to comply will complete performance of my duties, and I am familiar with and accept the  Signature of Registered Agent  8 Mailing Address:	thene providions obligations of  2
7. Principal Office:	8. Mailing Address:	
7901 4th St N STE 300	7901 4th St N STE 300	
St. Petersburg FL 33702		
Name of General Partner: PAC-1980  Street Address: 7901 4th St   St. Petersbu	ability limited partnership, check box  d mailing address of each general partner:  Lake Fountain GP, LLC   Name of General Partner:  N STE 300   Street Address:  arg FL 33702   Mailing Address:	
Street Address:	Name of General Partner:  Street Address:	
	Mailing Address:	

Name of General Partner:	Name of General Partner;
Street Address:	Street Address:
	Mailing Address:
Note: If the date inserted in this block does not meet the applicate document's effective date on the Department of State's records.  12. Attached is a certificate of existence duly authenticated, not	me date this document is filed by the Florida Department of State), the statutory filing requirements, this date will not be used as the more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under
Signed this 3rdday of Decemberday of Signature	e of a general partner
The individual signing this document affirms that the facts state submitted in a document to the Department of State constitutes	ed herein are true and the individual is aware that false information a third degree felony as provided for in s.817.155, F.S.

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

\$8.75

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Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PAC-1980 LAKE FOUNTAIN, L.P." 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 THIRD DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAC-1980 L
FOUNTAIN, L.P." WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER,

2019.

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

Jeffrey N. Bullock, Secretary of SLIRe

Authentication: 204123643

Date: 12-03-19

7654537 8300 SR# 20198401273