

2/6/2019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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••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
SACHS CAPITAL GROUP LP**

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

5 Page Fax

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DATE OF 12/06/2019

850-617-6381

12/9/2019 10:42:42 AM PAGE 1/00 Fax Server



December 9, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SACHS CAPITAL GROUP LP
REF: W19000105451

We have received your document for SACHS CAPITAL GROUP LP . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and business address of each general partner. (Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon FAX Aud. #: H19000353126
Regulatory Specialist II Supervisor Letter Number: 219A00024943

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

1. SACHS 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. 02/25/1997

Date of Formation

4. Federal Employer Identification Number: 26-3578516

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

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, Florida 33324

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.

By

NRAI Services, Inc.

Signature of Registered Agent

7. Principal Office:

2132 DEEP WATER LANE, SUITE 232

NAPERVILLE, IL - 60564

8. Mailing Address:

2132 DEEP WATER LANE, SUITE 232

NAPERVILLE, IL - 60564

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: Redleaf Holdings LLC

Name of General Partner: _____

Street Address: 2132 Deep Water Lane, Suite 232

Street Address: _____

Naperville, IL 60565

Mailing Address: Same as above

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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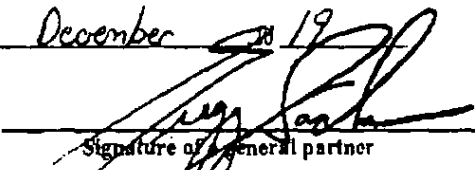
Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date this 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.

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 6th day of December 2019

 _____ GREGORY H. SACHS
 Signature of a general partner

The individual signing this document affirms 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, P.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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SACHS 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 SIXTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SACHS CAPITAL GROUP LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, 1997.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2722152 8300

SR# 20198475864

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204151885

Date: 12-06-19