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.

(((H20000041547 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

Erom:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

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

29SC Town Park LP

***PLEASE FILE SECOND AFTER THE QUAL. FOR 29SC GP TOWN PARK LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

K.	SALY		
FEB	6 <u>202</u> 6		

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: 29SC Town Park LP		
	Name of Foreign Limited Par	tnership or Limited	Liability Limited Partnership
partner	closed application, certificate of status and rship to transact business in Florida, return all correspondence concerning this m		o register a foreign limited partnership or limited liability limited
	Contact Person		_
Capit	ol Services - Corporate Filings To	eam	
	Firm/Company		_ .
515 E	East Park Avenue 2nd Fl		
	Address		_
Tallal	hassee, FL 32301		
	City, State and Zip Code		_
	der@29thstreetcapital.com		
E-ma	il address: (to be used for future annual repo	ort notification)	
For fur	ther information concerning this matter, ple	ase call:	
		at (855	, 498 - 5500
<u></u>	Name of Contact Person		and Daytime Telephone Number
Enclose	ed is a check for the following amount:		
— (\$ 9)	000.00 Filing Fees \$1,008.75 Filing Fee 65 Filing Fee and and Certificate of Registered Agent Status	s \$1,052.50 Fili and Certified	
STREE	T ADDRESS:	MAILING ADD	DRESS:
	ment Section	Amendment Secti	
	n of Corporations ntre of Tallahassee	Division of Corpo P.O. Box 6327	porations
2415 N	Monroe Street, Suite 810 ssee, FL 32303	Tallahassee, FL 3	32314

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

FILEL
TALLETON AMIN 20
MET STATES

1,29SC Town Park LP

		the first till, the first section and the manifest to temperate			
If name unavailable	, name under which the limited partnership business in Florida; m	or limited liability limited partnership proposes to register to transact ust contain acceptable suffix.			
2 Delaware		_{3.} 2/3/202 0			
St	ate or Country of Formation	Date of Formation			
4. Federal Employe	r Identification Number:	· · · · · · · · · · · · · · · · · · ·			
5. Name of Register	ed Agent for Service of Process and Flor	ida Street Address:			
Capitol Corpora	ite Services, Inc.				
515 East Park	Avenue 2nd FI				
Tallahassee, Fl	_ 32301				
6. I hereby accept the of all statutes relatives my position as reg	ative to the proper and complete performan	ce to act in this capacity. I further agree to comply with the provisions ce of my duties, and I am familiar with and accept the obligations of Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.			
	Signature o	f Registered Agent			
7. Principal Office: 8. M		. Mailing Address:			
343 W. Erie St., Suite 300 343		W. Erie St., Suite 300			
Chicago, IL 60654 Chi		icago, IL 60654			
9. If limited partne	ership is a limited liability limited partne	rship, check box.			
10. Name, principa	al office address, and mailing address of	each general partner:			
Name of Genera	al Partner: 29SC GP Town Park LLC	Name of General Partner:			
	343 W. Erie St., Suite 300				
	Chicago, IL 60654				
Mailing Addres	s: 343 W. Erie St., Suite 300	Mailing Address:			
Maning Addics	Chicago, IL 60654				
Name of Gener		Name of General Partner:			
		Street Address:			
Street Address:					
Mailing Addres	S:	Mailing Address:			

Page 1 of 2

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				F	TLEL -5 AMILIES
				WAFEB.	-5
				ALLAMA	Militzo Eliftónio,
Name of General	Partner;	Name of Gene	ral Partner:		St. FLORIDA
Street Address:		Street Address	; <u></u>		·
Mailing Address:		— Mailing Addre	-		
Note: If the date inser	other than the date of filing:	date this document	is filed by the Fl	orida Department of date will not be listed	State.) d as the
12. Attached is a certification of the law of which it is	ficate of existence duly authenticated, not me f State, by the Secretary of State or other offic organized.	ore than 90 days pr cial having custod	ior to the deliver y of the entity's n	y of this application to ecords in the jurisdic	to the tion under
Signed this	3rd day of February				
	/VUI				

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, F.S.

Signature of a general partner

Filing Fees:

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

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

\$52.50

\$8.75

Page 2 of 2

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "29SC TOWN PARK 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 FIFTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "29SC TOWN PARK LP" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2020.

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

7832768 8300 SR# 20200829831

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

Authentication: 202326233

Date: 02-05-20