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	न्त्रः . <u> </u>	<u>çə</u> .
Email Address:		<b>&gt;</b>
**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.	future	23
Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (954)208-0845	(P)	
From: Account Name : C T CORPORATION SYSTEM		
To: Division of Corporations Fax Number : (850)617-6383		

The Braxton AL LP

Certificate of Status	l
Certified Copy	1
Page Count	0.4
Estimated Charge	\$1,061.25

## FILE SECOND

2020 JULY 29 PM 1:51 Electronic Filing Menu Corporate Filing Menu

Help

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

(cceptable Limited Pa	artnership suffixes: Limited Partnershi	ty Limited Partnership, which must includ p, Limited, L.P., LP, or Ltd. imited Liability Limited Partnership, L.L.L.F	
	business in Florida:	hip or limited liability limited partnership pro must contain acceptable suffix. June 26, 2020	oposes to register to transact
Delaware Sta	te or Country of Formation	Date of Formation	<del></del>
	Identification Number		
C T Corpo 1200 S. Pi	oration System ne Island Road n, FL 33324		
<ol> <li>I hereby accept the of all statutes rela- my position as regi</li> </ol>	tive to the proper and complete perforn stered agent.	Thoday Cuit	to comply with the provisions and acceptable obligations of the control of the co
	nedy Blvd., Suite 240	8. Mailing Address: 4890 W. Kennedy Blvd., St	Assistant Secretary
Tampa, FL 3	3609	Tampa, FL 33609	
9. If limited partner	rship is a limited liability limited par	tnership, check box .	
	office address, and mailing address The Braxton AL GP LLC		
Street Address:	4890 W Kennedy Blvd.,	Name of General Farmer	
	Tampa, FL 33609		
Muiling Address: 48			
	Tampa, FL 33609	#240 Mailing Address:	
Name of Genera		Name of General Partner:	
Street Address:		Street Address:	

	Page 1 of 2
Name of General Partner:	Name of General Partner:
	Street Address:
	Mailing Address:
••••••••••	iling:
Florida Department of State, by the Secretary of the law of which it is organized.	nuthenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under
Signed this 29 <sup>th</sup> day of By: 1	The Braxtop-AL GP LIC
Ву: _	Juseph G. Lube Gr. President
The individual signing this document affirm the	tat the facts stated herein are true and the individual is aware that false information. State constitutes a third degree felony as provided for in \$.817.155, F.S.
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2

\$52.50 \$8.75

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

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THE BRAXTON AL 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2020.

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

Authentication: 203183803

Date: 06-26-20