

B200000000150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

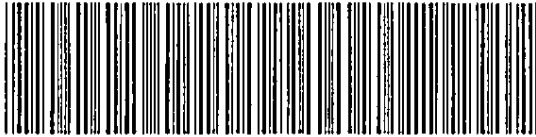
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w20000068953

Office Use Only



500347498665

FILED
2020 JUL -2 PM 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL -2 PM 2: 14

45
7/28/20 ✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHYTO II, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Contact Person

Corporation Service Company

Firm/Company

Address

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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 TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 1000.00

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL -2 PM 4: 12

FILED

ORDER DATE :

ORDER TIME :

ORDER NO. : 341368-5

CUSTOMER NO:

FOREIGN FILINGS

NAME: PHYTO II, LP

QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KADESHA ROBERSON EXT 62980

EXAMINER: _____



RESUBMIT
Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2020

FILE 2nd

CSC

SUBJECT: PHYTO II, LP
Ref. Number: W20000068953

We have received your document for PHYTO II, LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(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.)

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.

Yvette Scott
Document Specialist II

Letter Number: 020A00013072

2020 JUL 27 PM 1:57
RECEIVED

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

1. PHYTO II, 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

3. January 19, 2018

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 82-4129007

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

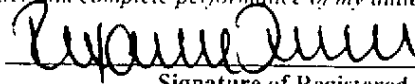
Corporation Service Company

1201 Hayes Street

Tallahassee, FL 32301

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2020 JUL -2 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Signature of Registered Agent

Roxanne Turner
Asst. Vice-President

7. Principal Office:

2080 NW Boca Raton Blvd.

Suite 2

Boca Raton, FL 33431

8. Mailing Address:

2080 NW Boca Raton Blvd.

Suite 2

Boca Raton, FL 33431

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: PHYTO II GP, LLC

Name of General Partner: _____

Street Address: 2080 NW Boca Raton Blvd., Suite 2

Street Address: _____

Boca Raton, FL 33431

Mailing Address: 2080 NW Boca Raton Blvd., Suite 2

Mailing Address: _____

Boca Raton, FL 33431

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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

1. PHYTO II, 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.

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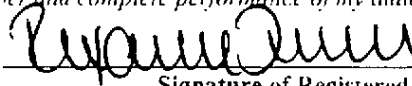
5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hayes Street

Tallahassee, FL 32301

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.



Signature of Registered Agent

Roxanne Turner
Asst. Vice President

2020 JUL -2 PM 4:13
FILED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

7. Principal Office:

2080 NW Boca Raton Blvd.

Suite 2

Boca Raton, FL 33431

8. Mailing Address:

2080 NW Boca Raton Blvd.

Suite 2

Boca Raton, FL 33431

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: PHYTO II GP, LLC

Name of General Partner: _____

Street Address: 2080 NW Boca Raton Blvd., Suite 2

Street Address: _____

Boca Raton, FL 33431

Mailing Address: 2080 NW Boca Raton Blvd., Suite 2

Mailing Address: _____

Boca Raton, FL 33431

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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TALLAHASSEE
FLORIDA

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 30TH day of June, 2020



Signature of a general partner
Lawrence Schnurmacher as authorized person of PHYTO II GP, LLC

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.

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 "PHYTO II, 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 JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYTO II, LP" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2018.

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

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2020 JUL -2 PM 4:13
SECRETARY OF STATE
DELAWARE
TALLAHASSEE, FLORIDA



6717960 8300

SR# 20206031014

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203213260

Date: 07-01-20