## 132000000159

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-U	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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AUG 18 2020 M. SOLOMON

## COVER LETTER

Division of Corporations	
SUBJECT: Towles Garden EB5 Fund, LP	
Name of Foreign Limited Partnership or Limited	d Liability Limited Partnership
The enclosed application, certificate of status and fees are submitted partnership to transact business in Florida.  Please return all correspondence concerning this matter to:	to register a foreign limited partnership or limited liability limited
Frank J. Aloia, Jr., Esq.	
Contact Person	<del></del>
Aloia   Roland	
Firm/Company	
2222 Second Street	
Address	<del></del>
Fort Myers, FL 33901	
City, State and Zip Code	<del></del>
faloia@lawdefined.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Frank J. Aloia, Jr., Esq.	791-7950
Name of Contact Person Arca Code	and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fee	
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

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

Towles Garden EB5 Fund, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Parmership suffixes: Limited Parmership, 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. 3. 6/22/2020 2. Delaware Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 85-1606838 5. Name of Registered Agent for Service of Process and Florida Street Address: Frank J. Aloia, Jr., Esq. 2222 Second Street Fort Myers, FL 33901 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 the duties, and I am familiar with and accept the obligations of my position as registered agent. 8. Mailing Address: 7. Principal Office: 2235 First Street 2235 First Street Fort Myers, FL 33901 Fort Myers, FL 33901 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: 2235 First Street Street Address: Street Address: \_\_\_ Fort Myers, FL 33901 Mailing Address: Mailing Address: 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:
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's 12. Attached is a certificate of existence duly authentic Florida Department of State, by the Secretary of State.	ays after the date this document is filed by the Florida Department of State.) The applicable statutory filing requirements, this date will not be listed as the streeords.  The actual control of the statutory of this application to the control of the or other official having custody of the entity's records in the jurisdiction under
the law of which it is organized.  Signed this	20 2020
·•	Signature of a general partner
The individual signing this document affirms that the football submitted in a document to the Department of State co	facts stated herein are true and the individual is aware that false information onstitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "TOWLES GARDEN EB5 FUND, 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 SEVENTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOWLES GARDEN EB5 FUND, LP" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2020.



Authentication: 203485799

Date: 08-17-20



August 7, 2020

FRANK J. ALOIA JR., ESQ. ALOIA/ROLAND 2222 SECOND STREET FORT MYERS, FL 33901

SUBJECT: TOWLES GARDEN EB5 FUND, LP

Ref. Number: W20000086495

We have received your document for TOWLES GARDEN EB5 FUND, LP and check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

2020 AUG 19 PH 2: 3L

Letter Number: 020A00014910