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Florida Department of State
Division of Corporations
Electronic Filings

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.

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

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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
Jordan Investment Associates II, LP.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,000.00 |

2020 NOV -6 PM 4:45

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2020 NOV -6 AM 11:54

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11/9/20
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. JORDAN INVESTMENT ASSOCIATES II, L.P.

(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. 10/31/2013 Date of Formation

4. Federal Employer Identification Number:

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

LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS BLVD STE 400 FORT MYERS, FL, 33907

2020 NOV -6 PM 4:

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] Signature of Registered Agent

7. Principal Office: 1200 South Pine Island Road, Plantation, FL33324

8. Mailing Address: 1200 South Pine Island Road, Plantation, FL, 33324

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: John W. Jordan III Name of General Partner: Colby Jordan Mugarbi Street Address: 1200 South Pine Island Road, Plantation, FL, 33324 Street Address: 1200 South Pine Island Road, Plantation, FL, 33324 Mailing Address: 1200 South Pine Island Road, Plantation, FL, 33324 Mailing Address: 1200 South Pine Island Road, Plantation, FL, 33324 Name of General Partner: Jennifer Jordan Gorman Name of General Partner: Street Address: 1200 South Pine Island Road, Plantation, FL, 33324 Street Address: Mailing Address: 1200 South Pine Island Road, Plantation, FL, 33324 Mailing Address:

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

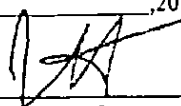
Street Address: _____ Street Address: _____

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 5th day of November, 2020



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, 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

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JORDAN INVESTMENT ASSOCIATES II, L.P." 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 NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JORDAN INVESTMENT ASSOCIATES II, L.P." WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2013.

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

2020 NOV -6 PM 4:46



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20208250254

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

Authentication: 204019396

Date: 11-05-20