# Bacco

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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### COVER LETTER

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TO:	Registration Section Division of Corpo	on rations	<b>5.</b>	Ķ		Ę,	4	10	1	Į,	: ‡	3	ķ
	JECT: FVP RE OPPO	ORTUNI	IY FUN	D, LP									
500	Name	of Foreig	n Limite	d Partners	ship or Limi	ted Liability	Limited	Partnershi	p				
partn	enclosed application, consisted to transact business return all correspond	ness in Flo	orida.			d to register	a foreign	limited p	artnersh	ip or	limited	liability	limited
CAF	RLOS M. FARAH												
		Contact	Person			<del></del>					بہ		
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COF	RAL GABLES, FL 33	134								-1	=	£	
	City	, State an	d Zip Co	de		<del></del>					14. / 14. / 14. /		
	os@appelrouth.com									( e	offi.	2	
F1	mail address: (to be use	ed for futt	ire annua	al report n	otification)					,			
For f	further information cor	cerning t	his matte	r. please	call:								
CAF	RLOS M. FARAH. CP	A		2	305	, 444-0	999						
	Name of Contact	Person	•	•		de and Dayti	me Telep	ohone Nur	nber	_			
Encl	osed is a check for the	following	g amount	:									
( \$	(,000.00 Filing Fee \$965 Filing Fee and \$35 Registered Agent Fee)	□\$1,008. and C Status	ertificate	_		Filing Fees ified Copy	Cer	61.25 Filin tified Cop tificate of	y, and				

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 FVP RE OPPORTUNITY FUND, 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. 3 10/07/2020 , DELAWARE State or Country of Formation Date of Formation 4. Federal Employer Identification Number 85-3864385 5. Name of Registered Agent for Service of Process and Florida Street Address: THE ELIAS LAW FIRM, PLLC 15500 NEW BARN RD., STE. 104 MIAMI LAKES, FL 33014 6. Thereby 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 7. Principal Office: 8. Mailing Address: 15500 NEW BARN RD., STE. 104 15500 NEW BARN RD., STE, 104 MIAMILLAKES, FL 33014 MIAMI LAKES, FL. 33014 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: 15500 NEW BARN RD., STE. 104 Street Address: Street Address: MIAMI LAKES, FL 33014 15500 NEW BARN RD., STE. 104 Mailing Address: Mailing Address: MIAMI LAKES, FL 33014 Name of General Partner: Name of General Partner: Street Address: Street Address:

Mailing Address: Mailing Address:

### Page 1 of 2

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 9 Note: If the date inserted in this block does not me document's effective date on the Department of St	0 days after the date this document is filed by the Florida Department of State.) set the applicable statutory filing requirements, this date will not be listed as the late's records.
12. Attached is a certificate of existence duly auth	enticated, not more than 90 days prior to the delivery of this application to the tate or other official having custody of the entity's records in the jurisdiction under
Signed this 23 day of NOV	EMBER 20 Sknature 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

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FVP RE OPPORTUNITY 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 TWENTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FVP RE

OPPORTUNITY FUND, LP" WAS FORMED ON THE SEVENTH DAY OF OCTOBER;

A.D. 2020.

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

~

Authentication: 204131464

Date: 11-20-20

3835337 8300 SR# 20208458694