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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ' : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LP/LLLP ET-4 LP

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2021-03-04 18:28:00 CST

19542080845

From: Ranae McGraw

OccuSign Envelope ID: 6441E551-BD0E-455E-8E98-F213F1A9BE2C

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

FILEL MARSTERIORION

, ET-4 LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffice 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. , Delaware March 2, 2021 Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324 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. Fether A. Cheller Kathryn A. Widdocs Assistant Secretary
Signature of Registered Agent 8. Mailing Address: 7. Principal Office: 1170 Kane Concourse, Suite 400 1170 Kane Concourse, Suite 400 Bay Harbor Islands, FL 33154 Bay Harbor Islands, FL 33154 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: ET-4 GP LLC Name of General Partner: Street Address: 1170 Kane Concourse, Suite 400 Street Address:

Bay Harbor Islands, FL 33154 Mailing Address: 1170 Kane Concourse, Suite 400 Mailing Address: Bay Harbor Islands, FL 33154 Name of General Partner: Name of General Partner: Name of General Partner: Street Address: Street Address: Mailing Address: Mailing Address: _____ DocuSign Envelope ID: 6441E551-BD0E-455E-8E98-F213F1A9BE2C

age 1 of 2Name of General Partner:
Street Address:
Mailing Address:
date this document is filed by the Florida Department of State.)
ore than 90 days prior to the delivery of this application to the icial having custody of the entity's records in the jurisdiction under
2021 Eavana
herein are true and the individual is aware that false information third degree felony as provided for in \$.817.155, F.S.
.000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 2.50 .75
22 of 2 TALLAHASSEC FOR 070 070 070 070 070 070 070 070 070 07
(Ci

From: Ranae McGraw



Page 1

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

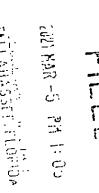
DELAWARE, DO HEREBY CERTIFY "ET-4 LP" IS DULY FORMED UNDER THE LAWS

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

THIRD DAY OF MARCH, A.D. 2021.

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





Authentication: 202636869

Date: 03-03-21