4/1/2021

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2021-04-01 21:26:09 GMT

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From: Vcorp Services, LLC

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone : (845)818-3588 Fax Number

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## FLORIDA/FOREIGN LP/LLLP FRG-X GP, LP

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From, Vcorp Services, LLC

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

FRG-X GP, 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 partner business in Florid	iship or finited hability finited partnership propella; must contain acceptable suffix.	oses til registi	er to tran	iisact
, Delaware	3. 02/04/2021			
State or Country of Formation	Date of Formation			
4. Federal Employer Identification Number N/A				
5. Name of Registered Agent for Service of Process and	Florida Street Address:			
Vcorp Services, LLC				
5011 South State Road 7, Suite 106				
Davie, FL 33314				
6. I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete performy position as registered agent.	d agree to act in this capacity. I further agree to mance of my duties, and I am familiar with and d	comply with i accept the ob	the prov ligation	risions s of
	are of Registered Agent			
7. Principal Office: 2 Hashlosha St.	8. Mailing Address: 2 Hashlosha St.		20	
Tel Aviv, Israel	Tel Aviv, Israel	· ·	021 HAR	
			第 2	
9 If limited partnership is a limited liability limited pa	artnership, check box		¥ 6	11.00 11.00
10. Name, principal office address, and mailing addres		٠. ٠	∯#-10:	75.6
Name of General Partner: FRG-X GP, LLC		; -	0	
Sueet Address. 2 Hashlosha St.	Street Address.			
Tel Aviv, Israel				
Mailing Address:	Muiting Address:	<u>,</u>	<b></b>	<del></del>
Name of General Partner:				
Street Address:				
Mailing Address:				

To: 18506176383

Name of General Partner:		Page 1 of 2 Name of General Part	ner
Mailing Address:		Mailing Address:	
11. Effective date, if other th (Effective date cannot be prio	ann the date of filing or to nor more than 90 days after th	he date this document is filed	d by the Florida Department of State.)
12. Attached is a certificate of Florida Department of State, the law of which it is organize	by the Secretary of State or other c	more than 90 days prior to to following the following custody of the	the delivery of this application to the entity's records in the judisdiction under
Signed this 24th	<sub>day of</sub> March	21	
		e di a general partner	Adu Levitas, Authorized Person of GP

The individual signing this document affirm 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 \$ 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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To: 18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FRG-X GP, 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 APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRG-X GP, LP" WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2021.

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

e at corp delaware gov/aut

Authentication: 202879410

Date: 04-01-21