

3/29/2021

Division of Corporations

B210000144

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000124781 3)))



H210001247813ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: lisa@unitedgrowth.com

FLORIDA/FOREIGN LP/LLP
UG2 Avenues Walk FL, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

Electronic Filing Menu Corporate Filing Menu Help

APR - 6 2021

Fax Audit # H21000124781 3

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

1. UG2 Avenues Walk FL, 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.

2. Delaware
- State or Country of Formation
3. 2/8/2021
- Date of Formation
4. Federal Employer Identification Number: 86-2032698


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

Business Filings Incorporated

1200 South Pine Island Road

Plantation, Florida 33324

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.

 Mark Williams, A.V.P., Business Filings Incorporated

Signature of Registered Agent

7. Principal Office:
- 1000 Fourth Street Suite 290
- San Rafael, California 94901
8. Mailing Address:
- 1000 Fourth Street Suite 290
- San Rafael, California 94901

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:	United Growth GP, LLC	Name of General Partner:	
Street Address:	1000 Fourth Street, Suite 290	Street Address:	
	San Rafael, California 94901		
Mailing Address:	1000 Fourth Street, Suite 290	Mailing Address:	
	San Rafael, California 94901		
Name of General Partner:		Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	

2021 APR -5 PM 3:58
FILED
AM
APPROVED

Fax Audit # H21000124781 3

Page 1 of 2

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

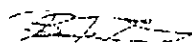
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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 26th day of March, 2021.



Brad LaRue, Member of United
Signature of a general partner Growth GP, LLC, General Partner

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 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

Page 2 of 2

Fax Audit # H21000124781 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UG2 AVENUES WALK FL, 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 TENTH DAY OF FEBRUARY, A.D. 2021.

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



5019749 8300

SR# 20210404684

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202483520

Date: 02-10-21