



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gainesville Tech Fund LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

STEVEN WEISS

Contact Person

ALLSTATE CORPORATE SERVICES CORP.

Firm/Company

2215 HENDRICKSON STREET, SUITE 1

Address

BROOKLYN, NY 11234

City, State and Zip Code

FILING@ACS123.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN WEISS at (800) 906-9220

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fee<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|--|--|---|---|

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

2021 APR 26 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

1. Gainesville Tech 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.

2. DELAWARE

State or Country of Formation

3. November 16, 2020

Date of Formation

4. Federal Employer Identification Number: N/A

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

DAVID SCALZO

189 S. Orange Avenue, Suite 1400

Orlando, FL 32801

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 of Registered Agent

7. Principal Office:

189 S. Orange Avenue, Suite 1400

Orlando, FL 32801

8. Mailing Address:

189 S. Orange Avenue, Suite 1400

Orlando, FL 32801

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: GTF GP LLC

Name of General Partner: \_\_\_\_\_

Street Address: 189 S. Orange Avenue, Suite 1400

Street Address: \_\_\_\_\_

Orlando, FL 32801

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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 April day of 26th, 2021

[Signature] ON BEHALF OF GTF GP LLC, GENERAL PARTNER  
Signature of a general partner

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TREASURER  
FL

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

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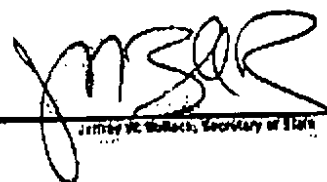
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAINESVILLE TECH FUND LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAINESVILLE TECH FUND LP" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2020.

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

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2021 APR 26 PM 4:45  
SECRETARY OF STATE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

4149223 8300

SR# 20211446665

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203054678

Date: 04-26-21