# 18100

| (R                      | equestor's Name)       |        |
|-------------------------|------------------------|--------|
| (A                      | ddress)                |        |
| (A                      | ddress)                |        |
| (C                      | ity/State/Zip/Phone #) |        |
| PICK-UP                 | MAIT                   | MAIL   |
| (B                      | usiness Entity Name)   |        |
| (D                      | ocument Number)        |        |
| Certified Copies        | Certificates of        | Status |
| Special Instructions to | Filing Officer:        |        |
|                         |                        |        |
|                         |                        |        |
| W21-58                  | 3910                   |        |

Office Use Only



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5131 Kong Song 1638

MAY () 4 2021 k, Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 782696 7833946

AUTHORIZATION: Spellede

COST LIMIT : \$ \( \delta \) 61\( \cdot \) 25

ORDER DATE: April 27, 2021

ORDER TIME : 9:45 AM

ORDER NO. : 782696-005

CUSTOMER NO: 7833946

#### FOREIGN FILINGS

NAME: 5333 COLLINS ACQUISITIONS, LP

XXXX QUALIFICATION (TYPE: <u>LP</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

Tallahassee, FL 32314

## COVER LETTER

| TO: Registration Section Division of Corporations  |                     |                          |   |                   |
|--|---------------------|--------------------------|---|-------------------|
| SUBJECT: 5333 COLLINS ACQUISITIONS.  | , LP                |                          |   |                   |
| Name of Foreign Limited I  | Partnership or Limi | ted Liability 1          | Limited Partnership   |                   |
| The enclosed application, certificate of status ar partnership to transact business in Florida. Please return all correspondence concerning this |                     | ed to register a         | ı foreign limited partnership or limited                                | liability limited |
| Camilo Miguel, Jr.   |                     |                          |   |                   |
| Contact Person   |                     |                          |   |                   |
| 5333 Collins Acquisitions GP, LLC  |                     |                          |   |                   |
| Firm/Company   |                     |                          |   |                   |
| 2601 S. Bayshore Drive, Ste. 850   |                     |                          |   |                   |
| Address  |                     |                          |   |                   |
| Miami, FL 33133  |                     |                          |   |                   |
| City, State and Zip Code   |                     |                          |   |                   |
| cnazarkewich@mastcapital.com   |                     |                          |   |                   |
| E-mail address: (to be used for future annual r  | eport notification) |                          |   |                   |
| For further information concerning this matter,  | please call:        |                          |   |                   |
| Camilo Miguel, Jr.   | at (                | 531-24                   | 26  |                   |
| Name of Contact Person   | Area Co             | de and Daytin            | ne Telephone Number   |                   |
| Enclosed is a check for the following amount:  |                     |                          |   |                   |
| □\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing F and Certificate of Status                           |                     | Filing Fees<br>fied Copy | ■\$1.061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |                   |
| Mailing Address:   |                     | Street A                 |   |                   |
| Registration Section   |                     | Registration Section     |   |                   |
| Division of Corporations   |                     | Division of Corporations |   |                   |
| P.O. Box 6327  |                     | The Ce                   | ntre of Tallahassee   |                   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# 5333 COLLINS ACQUISITIONS, LLC

March 18, 2021

Delaware Secretary of State John G. Townsend Bldg. 401 Federal St., Suite 4 Dover, Delaware 19901

Re: 5333 Collins Acquisitions, LP – Consent to Use of Name

Dear Sir or Madam:

We hereby approve of and consent to the use of the name of 5333 Collins Acquisitions, LP (the "Company"). The Company has submitted a Certificate of Limited Partnership to the Delaware Secretary of State. The Company is affiliated with 5333 Collins Acquisitions, LLC.

Thank you for your assistance.

Sincerely,

5333 COLLINS ACQUISITIONS, LLC

By:\_\_\_\_\_ Name: Camilo Miguel, Jr.

Title: Authorized Person

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

| 5333 COLLINS A                                     | ACQUISITIONS, LP   |                   |  |             |               |             |
|--|--|-------------------|--|-------------|---------------|-------------|
| Acceptable Limited                                 | Limited Partnership or Limited Liabili<br>Partnership suffixes: Limited Partnersh<br>Liability Limited Partnership suffixes: L | ip, Lim           | ited, L.P., LP, or Ltd.  | ,           | <del>-</del>  |             |
| If name unavailabl                                 | le, name under which the limited partners<br>business in Florida   |                   | limited liability limited partnership contain acceptable suffix. | proposes to | _<br>register | to transact |
| 2 Delaware   |  |                   | 3. March 18, 2021  |             |               |             |
|  | tate or Country of Formation   |                   | Date of Format   | ion         |               |             |
| 4. Federal Employ                                  | er Identification Number: <u>86-2852430</u>  |                   |  |             |               |             |
|  | red Agent for Service of Process and F   | lorida            | Street Address:  |             |               |             |
| Corporation Service                                | e Company  |                   |  |             |               |             |
| 100 Hays Street                                    |  |                   |  |             |               |             |
| Tallahassee, FL 323                                | 301  |                   |  |             |               |             |
|  | he appointment as registered agent and c<br>ative to the proper and complete perform<br>gistered agent.                        |                   |  |             |               |             |
| •  | Signatur   | e of Re           | gistered Agent   |             |               |             |
| 7. Principal Office:                               | :  | 8. M              | ailing Address:  |             |               |             |
| 2601 S. Bayshore Drive 2601                        |  | S. Bayshore Drive |  | 2           |               |             |
| Suite 850  |  | Suite             | e 850  |             | 2021 APR      |             |
| Miami, FL 33133                                    |  | Miami, FL 33133   |  |             | PR 2          | , n ;       |
| 9. If limited partne                               | ership is a limited liability limited part   | nershi            | p, check box. $\square$  |             | عر            |             |
| 10. Name, principa                                 | al office address, and mailing address o   | of each           | general partner:   | •           | -X            |             |
| Name of Genera                                     | al Partner: 5333 Collins Acquisitions GP,  | LLC               | Name of General Partner:   | :           | 7: 09         | `           |
| Street Address:                                    | 2601 S. Bayshore Drive, Suite 850  |                   | Street Address:  |             |               |             |
|  | Miami, FL 33133  |                   |  |             |               |             |
| Mailing Address: 2601 S. Bayshore Drive, Suite 850 |  |                   | Mailing Address:   |             |               |             |
| Miami, FL 33133                                    | Miami, FL 33133  |                   |  |             |               |             |
| Name of Genera                                     | l Partner:   |                   | <del>-</del>   |             |               |             |
| 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:   |
| Note: If the date inserted in this block does not document's effective date on the Department of | ing:   |
|  | f State or other official having custody of the entity's records in the jurisdiction under |
| Signed this 26th day of Ap   | ril20 <u>2021</u>  |
|  | Signature of a general partner   |
| The individual signing this document affirms th  | at the facts stated herein are true and the individual is aware that false information     |

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

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "5333 COLLINS ACQUISITIONS, 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-SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5333 COLLINS ACQUISITIONS, LP" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2021.

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



Authentication: 203069125

Date: 04-27-21