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DATE:

5/11/2021

NAME: PS27 RHEA FUND, LP

TYPE OF FILING: APPLICATION

COST: 1.052.50 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY PLEASE

ACCOUNT FCA00000015

-AUTHORIZATION:--ABBIE/PAUSTIODGE

COVER LETTER

COV 111C BOX 1 200	
TO: Registration Section Division of Corporations	
SUBJECT: PS27 Rhea 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 limite partnership to transact business in Florida. Please return all correspondence concerning this matter to:	d
Mary Davis	
Contact Person	
Burr & Forman LLP	
Firm/Company	
200 S. Orange Ave. Suite 800	
Address	
Orlando, FL 32801	
City, State and Zip Code	
jbs@ps27ventures.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Davis 407 540-6684	
Name of Contact Person Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	
□S1,000.00 Filing Fee □S1,008.75 Filing Fees (\$965 Filing Fee and and Certificate of and Certified Copy \$35 Registered Agent Fee) □S1,008.75 Filing Fees and Certified Copy and 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

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

PS27 Rhea 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. 3. March 30, 2021 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 86-3039508 5. Name of Registered Agent for Service of Process and Florida Street Address: Jim Stallings 7835 Bayberry Road Jacksonville, Florida 32256 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: 8. Mailing Address: 7835 Bayberry Road 7835 Bayberry Road Jacksonville, Florida 32256 Jacksonville, Florida 32256 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: PS27 Rhea Fund GP, LLC Name of General Partner: Name of General Partner: 7835 Bayberry Road Street Address: ___ Street Address: _ Jacksonville, Florida 32256 7835 Bayberry Road Mailing Address: Mailing Address: Jacksonville, Florida 32256 Name of General Partner: ______ Name of General Partner: _____ 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:
Effective date cannot be prior to nor more than Note: If the date inserted in this block does not document's effective date on the Department of 12. Attached is a certificate of existence duly authorida Department of State, by the Secretary of	ing: in 90 days after the date this document is filed by the Florida Department of State.) meet the applicable statutory filing requirements, this date will not be listed as the 'State's records. Ithenticated, not more than 90 days prior to the delivery of this application to the f State or other official having custody of the entity's records in the jurisdiction under
he law of which it is organized. Signed this 10th day of	May 2021 Signature of a general partner
The individual signing this document affirms to submitted in a document to the Department of S	hat the facts stated herein are true and the individual is aware that false information bate constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (option	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fec) \$52.50 (al): \$8.75

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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PS27 RHEA 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-SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PS27 RHEA FUND,

LP" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2021.

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



Authentication: 203071568

Date: 04-27-21

5726131 8300 SR# 20211478010