

5/13/2021
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

B21000000208

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.

((H21000193521 3)))



H210001935213ABCY

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 : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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

Email Address: _____

RECEIVED
 2021 MAY 14 PM 4:30
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP Prose Avalon Pointe Venture, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

RECEIVED

2021 MAY 14 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2021 MAY 14 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. PROSE AVALON POINTE VENTURE, 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. 5/13/2021

Date of Formation

4. Federal Employer Identification Number: _____

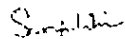
5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 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.



Scott White, Assistant Secretary, C T Corporation System

Signature of Registered Agent

7. Principal Office:

7135 E. Camelback Rd, Ste 360

Scottsdale, Arizona 85251

8. Mailing Address:

7135 E. Camelback Rd, Ste 360

Scottsdale, Arizona 85251

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Prose Avalon Pointe Alliance GP, LLC

Name of General Partner:

Name of General Partner:

Street Address: 7135 E. Camelback Rd, Ste 360

Street Address:

Scottsdale, Arizona 85251

Mailing Address: 7135 E. Camelback Rd, Ste 360

Mailing Address:

Scottsdale, Arizona 85251

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Page 1 of 2


FILED
 2021 MAY 14 PM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 13th day of May, 2021
 Prose Avalon Pointe Alliance GP, LLC, general partner
 by Prose Avalon Pointe Alliance, LLC, its member
 By: 
 Signature of a general partner
 Patrick W. Dukes, member

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

Delaware

The First State

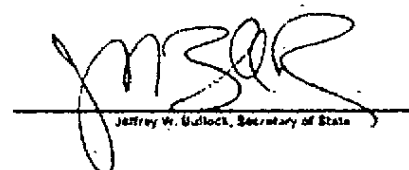
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROSE AVALON POINTE VENTURE, 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 THIRTEENTH DAY OF MAY, A.D. 2021.

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

FILED
2021 MAY 14 PM 4:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5917810 8300

SR# 20211771940

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203200468

Date: 05-13-21