

B21000000 279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

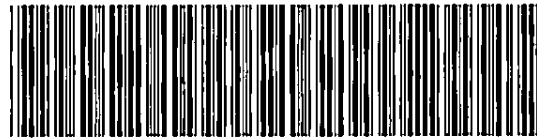
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

file and

W21-93540

Office Use Only



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FILED

2021 JUN 28 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 28 PM 1:27

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2021

CT

SUBJECT: 10091TL, LP
Ref. Number: W21000093540

CORRECTED
Please Allow For
Same File Date

Kyle,
Please file attached Registration
to correct this rejection.
Thank you
Eric

We have received your document for 10091TL, LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 921A00014752

(1)

File 2nd

02:11:53

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/28/2021

Acc#I20160000072

mic DW

| | |
|-------------|-------------|
| Name: | 10091TL, LP |
| Document #: | |
| Order #: | 13747053 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input checked="" type="checkbox"/> |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 1061.25

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10091FL, 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:

Michelle Gonzalez, Esq.

Contact Person

Brownlee Whitlow & Praet, PLLC

Firm/Company

5001 Weston Parkway, Suite 201

Address

Cary, NC 27513

City, State and Zip Code

danny@passiveinvesting.com

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

For further information concerning this matter, please call:

Michelle Gonzalez, Esq. (mgonzalez@bwpf-law.com) at (919) 863-6154

Name of Contact Person

Area Code and Daytime 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 Fees
and Certificate of
Status
☐ \$1,052.50 Filing Fees
and Certified Copy
☒ \$1,061.25 Filing Fee,
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

1. 10091TL, L.P.

(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 L.L.P.

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. April 29, 2021

Date of Formation

4. Federal Employer Identification Number: 86-3635556

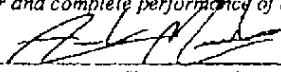
5. Name of Registered Agent for Service of Process and Florida Street Address:

InCorp Services, Inc.

17888 67th Court North

Loxahatchee, FL 33470

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.



Amanda Morehouse on behalf of InCorp Services, Inc.

Signature of Registered Agent

7. Principal Office:

164 Market Street, Suite 202

Charleston, SC 29401

8. Mailing Address:

164 Market Street, Suite 202

Charleston, SC 29401

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: 10091TL Manager, LLC

Name of General Partner: _____

Street Address: 164 Market Street, Suite 202

Street Address: _____

Charleston, SC 29401

Mailing Address: 164 Market Street, Suite 202

Mailing Address: _____

Charleston, SC 29401

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 23 AM 9:33

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

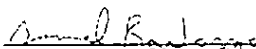
11. Effective date, if other than the date of filing: _____

(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 23 day of June, 2021


Signature of a general partner

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

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "10091TL, 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-FIRST DAY OF JUNE, A.D. 2021.



5885296 8300

SR# 20212498142

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203488268

Date: 06-21-21