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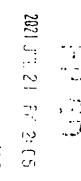
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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MSDI.



June 19, 2021

JOHN LONG 1930 VILLAGE CENTER CIR. #34957 LAS VEGAS, NV 89134

SUBJECT: EQUITY PLATINUM FUND, LP

Ref. Number: W21000089578

We have received your document for EQUITY PLATINUM FUND, LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 321A00013867

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EQUITY PLATINUM FUND, LP	
Name of Foreign Limited Partnership	o or Limited Liability Limited Partnership
The enclosed application, certificate of status and fees are spartnership to transact business in Florida. Please return all correspondence concerning this matter to:	submitted to register a foreign limited partnership or limited liability limited
JOHN LONG	
Contact Person	
Equity Platinum Fund, LP	
Firm/Company	
1930 VILLAGE CENTER CIR. # 34957	
Address	
LAS VEGAS, NV 89134	<u></u> + +1
City, State and Zip Code	
info@equityresidences.com	
E-mail address: (to be used for future annual report notifi	fication)
For further information concerning this matter, please call:	
nfo@equityresidences.com 6	fication) h: 619
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	1,052.50 Filing Fees and Certified Copy 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

	ACT BUSINESS IN FLORIDA	
1. EQUITY PLATINUM FUND. LP (Name of Limited Partnership or Limited Liab Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes:	bility Limited Partnership, which must include suffix) ship. Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P or LLL.	
	ida: must contain acceptable suffix.	register to transact
2 Delaware . State or Country of Formation	3. 01-25-2016 Date of Formation	
4. Federal Employer Identification Number. 81-213091		
5. Name of Registered Agent for Service of Process and	d Florida Street Address:	
Registered Agents Inc.		
7901 4th St N. STE 300		£ 2021
St. Petersburg , FL 33702		Ç
my position as registered agent. Bill Signat	ormance of my duties, and I am familiar with and accept U Have ture of Registered Agent	the obligations of
7. Principal Office:	8. Mailing Address:	
1930 Village Center Cir. # 34957	1930 Village Center Cir. # 34957	_
Las Vegas, NV 89134	Las Vegas, NV 89134	
9. If limited partnership is a limited liability limited p	artnership, check box. 🗆	_
10. Name, principal office address, and mailing addre	ss of each general partner:	
Name of General Partner: Equity Residences, LLC	Name of General Partner:	
Street Address: 1930 Village Center Cir. # 34957	Street Address:	
Las Vegas, NV 89134		
-	Mailing Address:	
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
	······································	

Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of Ger	neral Partner:	Name of General Partner:	Name of General Partner:	
Street Addre	SS:	Street Address:		
Mailing Add	ress:	Mailing Address:		
Note: If the date document's effect	inserted in this block does not meet the tive date on the Department of State's recertificate of existence duly authenticatent of State, by the Secretary of State or	after the date this document is filed by the applicable statutory filing requirements, the ecords. ed, not more than 90 days prior to the delivother official having custody of the entity	very of this application to the	
	day of	.20 21	2	
	John long Signature of a general partner		3: S: E	
The individual si submitted in a do	igning this document affirms that the factorized to the Department of State cons	ets stated herein are true and the individual stitutes a third degree felony as provided for	is aware that false information or in s.817.155, F.S.	
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):		Registered Agent Fee)	

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "EQUITY PLATINUM 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 SIXTH DAY OF JULY, A.D. 2021.





Authentication: 203609967

Date: 07-06-21