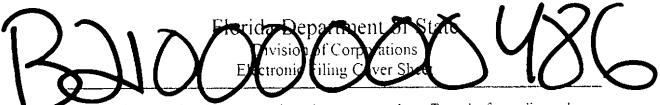
10/28/21, 10:04 AM

Division of Corporations



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.

(((H210004007043)))



H210004007043ABCS

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

Page: 3 of 6

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:

## FLORIDA/FOREIGNLP/LLLP

Emerging Florida Income Opportunity Fund II L.P.

Certificate of Status	0
Certified Copy	
Page Count	04
Estimated Charge	\$1,052,50

FILE AFTER (H21000400646 3) FILE 2ND

Electronic Filing Menu Corporate Filing Menu

Help

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

Emerging Florida I	ncome Opportunity Fund II L.P.		
(Name of Li	mited Partnership or Limited Lia artnership suffixes: Limited Partne	ability Limited Partnership, which must include suffix) whip, Limited, L.P., LP, or Ltd. whip, Limited Liability Limited Partnership, L.L.L.P, or LLLP.	
If name unavailable	name under which the limited part business in Flo	nership or limited liability limited partnership proposes to register to transact- rida; must contain acceptable suffix.	
2 Delaware	- 1 27 2021		
Sta	ate or Country of Formation	3. October 26, 2021  Date of Formation	
	Identification Number:87-		
5. Name of Register	ed Agent for Service of Process a	id Florida Street Address:	
Steven B. Etchen			
433 Cape San Blas I	Rd.		
Port St. Joe, Florida	32456		
6. I hereby accept the of all statutes relating my position as reg	tive to the proper and complete per	and agree to act in this capacity. I further agree to comply with the provisions formance of my duties, and I am fumiliar with and accept the obligations of Life-ature of Registered Agent	
	~~ <u>~</u>		
7. Principal Office:		8, Mailing Address:	
433 Cape San Blas I	Rd.	P.O. Box 399	
Port St. Joe, Florida 32456		Apalachicola, FL 32329	
		P [T]	
9. If limited partne	rship is a limited liability limited	partnership, check box. []	
10. Name, principa	loffice address, and mailing addr	ress of each general partner:	
Name of Genera	Emerging Florida Income Op Partner: Fund II GP, LLC	Name of General Partner:	
Street Address:	433 Cape San Blas Rd.	Street Address:	
. ,	Port St. Joe, Florida 32456		
Mailing Address:	P.O. Box 399	Mailing Address:	
	Apalachicola, FL 32329		
Name of Genera	l Parmer:	Name of General Partner:	
Street Address:	D100-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Street Address:	
Mailing Address		Mailing Address:	

From: James Tanks III

## Page 1 of 2

Name of General Partners		Nume of General Partner:
Street Address:		Street Address:
Mailing Address:		Mailing Address:
Note: If the date inserted in this block doe document's effective date on the Departm  12. Attached is a certificate of existence d	is not meet the applicable ent of State's records. uly authenticated, not not early of State or other office	iate this document is filed by the Florida Department of State.) e statutory filing requirements, this date will not be listed as the ore than 90 days prior to the delivery of this application to the cial having custody of the entity's records in the jurisdiction under
Emerging Florida Income Opportunity Fund II GP, LLC		
	By: 500 Signature of	f a general partner
The individual signing this document affin submitted in a document to the Departmen	rms that the facts stated his of State constitutes a tl	erein are true and the individual is aware that false information aird degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (option Certificate of Status (o	(al): \$52	

Page 2 of 2

Page, 6 of 6



Page 1

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

DELAWARE, DO HEREBY CERTIFY "EMERGING FLORIDA INCOME OPPORTUNITY

FUND II L.P." 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

OCTOBER, A.D. 2021.

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

Authentication: 204523091

Date: 10-27-21