11/4/21, 12:49 PM

Division of Corporations

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Phone : (614)280-3338 Fax Number (954)208-0845

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## FLORIDA/FOREIGN LP/LLLP

## Azora Capital LP

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

Electronic Filing Menu Corporate Filing Menu \*\*\*2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000428419 3 FIRST\*\*\*

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

Azora Capital LP				
Acceptable Limited I	Partnership suffixes: Limited Partne	bility Limited Partnership, which must include suffix) or ship, Limited, L.P., LP, or Ltd.  Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
If name unavailable		nership or limited hability limited partnership proposes to regrida; must contain acceptable suffix.	ist <b>er</b> to !	lransact
, Delaware		3. June 24, 2016		
<u></u>	ate or Country of Formation	Date of Formation		
4. Federal Employe	r Identification Number			
-	ed Agent for Service of Process an	d Florida Street Address:		
Ravi Chopra				
3350 Virginia St, Su	ite 219			
Coconut Grove, FL 2	33133			
6 Thereby accept the of all statutes relative my position as reg	tive to the proper and complete perf- istered agent. By:	nd agree to act in this capacity. I further agree to comply wit formange of my duties, and I am familiar with and accept the o	h the pr obligatie	ovisions ons of
	Signa	ture of Registered Agent		
-		8. Mailing Address:		
3350 Virginia St, Su	ite 219	J350 Virginia St, Suite 219		
Coconut Grove, FL 3	33133	Coconut Grove, FL 33133	20211	
9. If limited partne	rship is a limited liability limited p	partnership, check box	2021 NOV 19	haran marks
10 Name, principa	Foffice address, and mailing addre	ess of each general partner:	P	
Name of Genera	Partner, Azora Capital GP LLC	Name of General Partner.	<u> </u>	
Street Address:	3350 Virginia St. Suite 219	Street Address:	<u>5</u>	
citizet i taures	Coconut Grove, FL 33433			
Mailing Address: 3350 Virginia St, Suite 219 Coconut Grove, FL 33133	3350 Virginia St, Suite 219	Mailing Address:		
Name of Genera	I Partner:	Name of General Paraner		
Street Address:		Street Address.	************	<del> </del>
Mailing Address		Mailing Address:	-	

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

Name of General Partner:	Name of General Partner
Street Address	Street Address.
Mailing Address	Mailing Address:
	ing.  in 90 skeys after the date this document is filed by the Florida Department of State, i meet the applicable statutory filing requirements, this date will not be listed as the State's records
	othenticated, not more than 90 days prior to the delivery of this application to the first State or other official having custody of the entity's records in the jurisdiction under
Signed this 25th day of Oc	
_	Pai Cha
	Signature of a general partner
The individual signing this document affirms th	at the facts stated herein are true and the individual is aware that false information

Page 2 of 2

\$52,50

\$8.75

\$1,000,00 (\$965 Filing Fee and \$35 Registered Agent Fee)

submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817-155, F.S.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AZORA CAPITAL 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-NINTH DAY OF OCTOBER, A.D. 2021.

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

e at coro delaware gov/aut

Authentication: 204550145

Date: 10-29-21