	(Requestor's Name)			
· · · ·	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only



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NOV 29 2021 M. SOLOMON

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	egistration Section Division of Corporation	ns			· · · · · · · · · · · · · · · · · · ·
SUBJECT	,	MFC	Investment	5 L.P.	
SUBJECT	Name of F	• •	tnership or Limited Liabi	lity Limited Partnership	_
partnership	p to transact business irn all correspondence	in Florida. e concerning this n	natter to:	ster a foreign limited partnersh	nip or limited liability limited
	MARY	GINNO	- Partner		
1/1	Cor	ntact Person SEMENTS	L-P.		
	2481 Fin	m/Company Marete	DR.		
laples,	FLORIDA	Address	34114		
	City, Sta CTWESTN ddress: (to be used fo			M	S 🔀
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M	r information concern APY 61. Name of Contact Pers	DND	a(_530	521-1222 aytime Telephone Number	2021 NOV 23 PI SECRETARY OF ALL AHASSES
Enclosed i	is a check for the follo	owing amount:			PKIZ: 5
(\$965	Filing Fee and a	,008,75 Filing Fee and Certificate of Status	es □\$1,052,50 Filing Fe and Certified Cop		53
	<u>Mailing Address:</u> Registration Section	เท		eet Address: gistration Section	
	Division of Corpor			vision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

Investments, 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 LLLP. Family Investments 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. State or Country of Formation **Date of Formation** 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 9. If limited partnership is a limited liability limited partnership, check box. \Box 10. Name, principal office address, and mailing address of each general partner: GINND Name of General Partner: Name of General Partner: Marete Street Address: Street Address: ____ Mailing Address:__ Mailing Address: Name of General Partner: Name of General Partner: Street Address: Street Address: _____ Mailing Address: Mailing Address:

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's record 12. Attached is a certificate of existence duly authenticated, no Florida Department of State, by the Secretary of State or other the law of which it is organized.	ot more than 90 days prior to the delivery of this application to the r official having custody of the entity's records in the jurisdiction under
The individual signing this document affirms that the facts sta	ore of a general partner ated herein are true and the individual is aware that false information
submitted in a document to the Department of State constitute Filing Fees: Certified Copy (optional): Certificate of Status (optional):	s a third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

ECRETARY I CAHABSE

2021 NOV 23 PM 12: 54



I. SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: MFC INVESTMENTS, L.P.

 File Number:
 199816900016

 Registration Date:
 06/17/1998

Entity Type: DOMESTIC LIMITED PARTNERSHIP

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of September 15, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of September 16, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Z22M96Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.



September 24, 2021

MARY GINNO MFC INVESTMENTS L.P. 2481 MARETE DR NAPLES, FL 34114

SUBJECT: MFC INVESTMENTS L.P.

Ref. Number: W21000128816

We have received your document for MFC INVESTMENTS L.P. and check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.P.

Cannot change title from "General Partner" to Limited partner.

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

Mel Solomon Senior Section Administrator

Letter Number: 521A00023203

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