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(((H210004495743)))



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To:

Division of Corporations

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. **

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FLORIDA/FOREIGN LP/LLLP

ET-6 LP

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

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DEC _ = 2021

DocuSign Envelope ID: 0F6C5E08-4584-4C55-BA26-0B5D41822345

To: +18506176383

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

, ET-6 LP			
Acceptable Limited F	Partnership suffixes: Limited Partne	ability Limited Partnership, which must include suffix) ership, Limited, L.P., LP, or Ltd. x: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable	name under which the limited part business in Flo	tnership or limited liability limited partnership proposes to register orda; must contain acceptable suffix	to transact
₂ Delaware		September 29, 2021	
Su	ite or Country of Formation	Date of Formation	
4. Federal Employe	r Identification Number		
C T Corpo 1200 S. P	oration System ine Island Road	nd Florida Street Address:	
Plantatio	n, FL 33324		
 Thereby accept the of all statutes rela- my position as reg 	tive to the proper and complete perj	and agree to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the obling Olga Hinkel Associate Director	e provisions gations of
	Signa	ature of Registered Agent	b
7 Principal Office:	Samaanimaa Cirika 400	8. Mailing Address:	
	oncourse, Suite 400	1170 Kane Concourse, Suite 400	
Bay Harbor	Islands, FL 33154	Bay Harbor Islands, FL 33154	MI 9:54
9. If limited partne	rship is a limited liability limited p	partnership, check box	
	l office address, and mailing addr	ress of each general partner:	
Name of General		Name of General Partner	
Street Address	1170 Kane Concourse, S	Suite 400 Street Address:	
• • • • • • • • • • • • • • • • • • • •	Bay Harbor Islands, F		
M. d.a 3.11.	1170 Kane Concourse, S	Suite 400 Mailing Address:	
Manting Address	Bay Harbor Islands, F		
Name of Cienera	Partner:	Name of General Partner	
Street Address		Street Address:	·
Mailing Address		Mailing Address.	

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Name of General Partner.	Page 1 of 2 Name of General Partner
Street Address.	Street Address.
Mailing Address	Mailing Address:
11. Effective date, if other than the date of filin tEffective date cannot be prior to nor more than \$	g O days after the date this document is filed by the Florida Department of State.1
12. Attached is a certificate of existence duly auth Florida Department of State, by the Secretary of S the law of which it is organized.	enticated, not more than 90 days prior to the delivery of this application to the tate or other official having custody of the entity's records in the jurisdiction under
	cember <u>2021</u>
Signed this 9th day of De By ET By. Joo.	Jordan standan
The individual signing this document affirm that i	he facts stated herein are true and the individual is aware that false information te constitutes a third degree felony as provided for in \$.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional	\$1,000,00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52,50 88,75

From: James Tanks III



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ET-6 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204914462

Date: 12-08-21