

1/14/22, 2:20 PM

Division of Corporations

B22000000027Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

Email Address: _____

FLORIDA/FOREIGNLP/LLLP
PROSE HORIZONS WEST VENTURE, LP

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

2022 JAN 14 PM 3:20

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JAN 14 2022

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

1. Prose Horizons West Venture, LP

(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.

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.

2. Delaware

3. 1/11/2022

State or Country of Formation

Date of Formation

4. **Federal Employer Identification Number:** 87-4392584

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

CT Corporation System

1200 South Pine Island Rd.

Plantation, FL 33324

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.* CT Corporation System

By: Brian Bell

Signature of Registered Agent

7. **Principal Office:**

7135 E. Camelback Rd., Ste. 300

Scottsdale, AZ 85251

8. **Mailing Address:**

7135 E. Camelback Rd., Ste. 300

Scottsdale, AZ 85251

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: Prose Horizons West Alliance GP, LLC Name of General Partner: _____

Street Address: 7135 E. Camelback Rd., Ste. 300

Street Address: _____

Scottsdale, AZ 85251

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

SECRET
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2022 JAN 14 PM 3:46

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Page 1 of 2

Name of General Partner: _____ Name of General Partner: _____


Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)***Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11th day of January, 20 22
Prose Horizons West Alliance, GP, LLC, General Partner
by: Prose Horizons Alliance, LLC, its sole member
By: , Patrick W. Dukes, Member
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROSE HORIZONS WEST VENTURE, 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 ELEVENTH DAY OF JANUARY, A.D. 2022.

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



6537070 8300

SR# 20220094759

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202372530

Date: 01-11-22