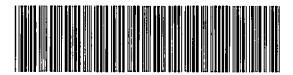
B220000000045

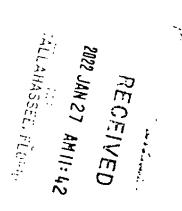
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(3.7)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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THE MID: 38



S. ROBERTS

JAN 2 7 2022

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR

		LIMITED PARTNERSHIP SINESS IN FLORIDA		
1	Magnet Fund,	L.P.		
Acceptable Limited Parti	ted Partnership or Limited Liability Li nership suffixes: Limited Partnership, Lin ility Limited Partnership suffixes: Limited	nited, L.P., LP, or Ltd.		
If name unavailable, na	me under which the limited partnership o business in Florida; mus	r limited liability limited partnersl t contain acceptable suffix.	hip proposes to registe	er to transact
2Delaware		31/20/2022		
State or Country of Formation		Date of Forn	nation	
4. Federal Employer Id	entification Number:			
5. Name of Registered 2	Agent for Service of Process and Florid	a Street Address:		
COGENCY	GLOBAL INC.			
115 North Calh	oun Street, Suite 4			
Tallahassee,	Florida 32301			
my position as register	Signature of 1	Registered Agent	ith and accept the obl	igations of
		Mailing Address:		
1900 S Harbor City Blvd		1900 S Harbor City	Blvd	
Melbourne, FL 32901		Melbourne, FL 329	901	
			<u> </u>	
9. If limited partnership is a limited liability limited partnersh		nip, check box.	ZZ JAN GALLA	יניעה ז ני
10. Name, principal off	fice address, and mailing address of eac	h general partner:	grid N	garage e s par grante p
Name of General Par	rtner: Magnet GP, L.L.C.	Name of General Partner:	36 3 7	· **
Street Address:	1900 S Harbor City Blvd	Street Address:		
*	Melbourne, FL 32901		- Ε. ω - ω	
Mailing Address:	1900 S Harbor City Blvd	Mailing Address:		
	Melbourne, FL 32901	_		
Name of General Pa	rtner:	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 approximent's effective date on the Department of State's reconstruction of State's reconstruction of existence duly authenticated	fler the date this document is filed by the Florida Department of State.) oplicable statutory filing requirements, this date will not be listed as the ords. I. not more than 90 days prior to the delivery of this application to the ther official having custody of the entity's records in the jurisdiction under
Signed this 20th day of Jane Magnet GP, L.L.C., General Partner	uary 22 ature of a general partner
The individual signing this document affirms that the facts submitted in a document to the Department of State constitution.	stated herein are true and the individual is aware that false information tutes a third degree felony as provided for in s.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 \$8.75

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAGNET FUND, 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-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGNET FUND, L.P." WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2022.

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

Authentication: 202462763

Date: 01-24-22

6557414 8300 SR# 20220216377