Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000049385 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : I.N.C. CORPORATE SERVICES

Account Number : I20000000011 : (718)888-7773 Fax Number : (718)888-8559

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CS@INCFILINGS.COM

## FLORIDA/FOREIGN LP/LLLP PHOENIX FINANCIAL CONSOLIDATED HOLDINGS, LP

	·
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB - 8 2022

1/1

02/07/2022 13:25 From: 71888888559 I N C Webfax

Page: 2/4

FIL	-ED
2022 FEB -7	~ 0
ILL Brown	FA 5: 09

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

PHOENIX FINANCIAL CONSOLIDATED HOLDINGS, IP   Acceptable Limited Partnership or Limited Partnership, which must include suffix)   Acceptable Limited Partnership suffixes: Limited Partnership, which must include suffix)   Acceptable Limited Partnership suffixes: Limited Partnership, L.L.P., or Lt.L.P. or Lt.L.P. or Lt.L.P.    If name unavailable, name under which the limited partnership or limited liability Limited Partnership proposes to register to trans business in Florida; must contain acceptable suffix.  2 DELAWARE   3. AUGUST 2, 2011    State or Country of Formation   Date of Formation   4. Federal Employer Identification Number:   45-2928849   5. Name of Registered Agent for Service of Process and Florida Street Address:   KEVIN CHEN   2255 GLADES ROAD, SUITE 324A    BOCA RATON, FL 33431   6. I hereby accept the appointment as registered agent and strept to act in this capacity. I further agree to comply with the provise of all studies relative to the proper and complete fertof marke of my duties, and I am familiar with and accept the obligations of my position as registered agent.    Signature of Registered Agent	TO TRANS	ACT BUSINESS IN FLORIDA
If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to trans business in Florida; must contain acceptable suffix.  2 DELAWARE  3. AUGUST 2, 2011  State or Country of Formation  4. Federal Employer Identification Number.  5. Name of Registered Agent for Service of Process and Florida Street Address:  KEVIN CHEN  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  Mailing Address:  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  Mailing Address:  Street Address:  Name of General Partner:  PHN Management, LLC  Name of General Partner:  PHN Management, LLC  Name of General Partner:  Street Address:  Name of General Partner:  Street Address:  Street Address:  Street Address:  Street Address:  Street Address:  Street Address:		NGS, LP ALLAH COLOR
business in Florida; must contain acceptable suffix.  2. DELAWARE  State or Country of Formation  4. Federal Employer Identification Number. 45-2928849  5. Name of Registered Agent for Service of Process and Florida Street Address:  KEVIN CHEN  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  6. I hereby accept the appointment as registered agent and street to act in this capacity. I further agree to comply with the provise of all statutes relative to the proper and complete registrative 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:  2255 GLADES ROAD, SUITE 324A  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  Name of General Partner:  PHX Management, LLC  Name of General Partner:  PHX Management, LLC  Name of General Partner:  Mailing Address:  BOCA RATON, FL 33431  Mailing Address:  Mailing Address:  Street Address:  Name of General Partner:  Street Address:  Street Address:	Acceptable Limited Partnership suffixes: Limited Partne	ability Limited Partnership, which must include suffix) (1996) File Properties (1997)
State or Country of Formation  4. Federal Employer Identification Number. 45-2928849  5. Name of Registered Agent for Service of Process and Florida Street Address: KEVIN CHEN  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FI, 33431  6. I hereby accept the appointment as registered agent and street of my duties, and I am jamiliar with and accept the obligations of all stanutes relative to the proper and complete feet fundice of my duties, and I am jamiliar with and accept the obligations of my position as registered agent.  Signature of Registered Agent  7. Principal Office:  8. Mailing Address: 2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  BOCA RATON, FL 33431  BOCA RATON, FL 33431  BOCA RATON, FL 33431  Sureet Address:  PHN Management, LLC Name of General Partner:  PHN Management, LLC Name of General Partner:  Mailing Address:  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  Mailing Address:  Name of General Partner:  Street Address:  Street Address:	If name unavailable, name under which the limited part business in Flo	nership or limited liability limited partnership proposes to register to transact trida; must contain acceptable suffix.
State or Country of Formation  4. Federal Employer Identification Number. 45-2928849  5. Name of Registered Agent for Service of Process and Florida Street Address:  KEVIN CHEN  2255 GLADES ROAD, SUITE 324A  BOCA RATON, Fl. 33431  6. I hereby accept the appointment as registered agent and acreb to act in this capacity. I further agree to comply with the provise of all statutes relative to the proper and complete registrative 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:  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  BOCA RATON, FL 33431  BOCA RATON, FL 33431  BOCA RATON, FL 33431  Street Address:  2255 GLADES ROAD, SUITE 324A  Street Address:  2255 GLADES ROAD, SUITE 324A  Mailing Address:  Manne of General Partner:  PHN Management, LLC  Name of General Partner:  Manne of General Partner:  Mailing Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:	<sub>2</sub> DELAWARE	3. AUGUST 2, 2011
5. Name of Registered Agent for Service of Process and Florida Street Address:  KEVIN CHEN  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  6. I hereby accept the appointment as registered agent and firely to act in this capacity. I further agree to comply with the provise of all statutes relative to the proper and complete periformalice 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:  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  BOCA RATON, FL 33431  BOCA RATON, FL 33431  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:  Street Address:  2255 GLADES ROAD, SUITE 324A  Street Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:  Street Address:	•	Date of Formation
5. Name of Registered Agent for Service of Process and Florida Street Address:  KEVIN CHEN  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  6. I hereby accept the appointment as registered agent and firely to act in this capacity. I further agree to comply with the provise of all statutes relative to the proper and complete ferty mayice 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:  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  BOCA RATON, FL 33431  BOCA RATON, FL 33431  PITI 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:  Street Address:  2255 GLADES ROAD, SUITE 324A  Street Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:  Street Address:	45-29288 A. Federal Employer Identification Number:	S49
BOCA RATON, FL 33431  6. I hereby accept the appointment as registered agent and fireb to act in this capacity. I firther agree to comply with the provise of all statutes relative to the proper and complete Perishmance 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: 2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  BOCA RATON, FL 33431  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:  Name of General Partner:  Street Address:  BOCA RATON, FL 33431  Mailing Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:  Street Address:	5. Name of Registered Agent for Service of Process ar	
6. I hereby accept the appointment as registered agent and direct to act in this capacity. I further agree to comply with the provise of all statutes relative to the proper and complete very finance 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:  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  BOCA RATON, FL 33431  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:  Street Address:  BOCA RATON, FL 33431  Mailing Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:	2255 GLADES ROAD, SUITE 324A	
6. I hereby accept the appointment as registered agent and direct to act in this capacity. I further agree to comply with the provise of all statutes relative to the proper and complete Perist mayice 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:  2255 GLADES ROAD, SUITE 324A  BOCA RATON, FL 33431  BOCA RATON, FL 33431  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:  Street Address:  BOCA RATON, FL 33431  Mailing Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:	BOCA RATON, FL 33431	
BOCA RATON, FL 33431  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:  Street Address:  BOCA RATON, FL 33431  Mailing Address:  Name of General Partner:  Mailing Address:  Name of General Partner:  Name of General Partner:  Name of General Partner:  Street Address:  Street Address:  Street Address:  Street Address:	Sign	•
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:  Street Address:  BOCA RATON, FL 33431  Mailing Address:  Mailing Address:  Name of General Partner:  Name of General Partner:  Name of General Partner:  Street Address:  Street Address:  Street Address:  Street Address:	2255 GLADES ROAD, SUITE 324A	2255 GLADES ROAD, SUITE 324A
Name of General Partner:  Name of General Partner:  Street Address:  BOCA RATON, FL 33431  Mailing Address:  Name of General Partner:  Mailing Address:  Name of General Partner:  Mailing Address:  Name of General Partner:  Name of General Partner:  Street Address:  Street Address:  Street Address:  Street Address:  Street Address:	BOCA RATON, FL 33431	BOCA RATON, FL 33431
Street Address:  BOCA RATON, FL 33431  Mailing Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:  Street Address:	10. Name, principal office address, and mailing address.	ress of each general partner:
Mailing Address:  Mailing Address:  Name of General Partner:  Street Address:  Street Address:  Street Address:	Street Address: 2255 GLADES ROAD, SUITE 32	24A Street Address:
Name of General Partner:Name of General Partner:  Street Address:Street Address:	BOCA RATON, FL 33431	
Name of General Partner:Name of General Partner:	Mailing Address:	
	Name of General Partner:	······································
	Street Address:	Street Address:

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Page 1 of 2

FILED 2022 FEB - 7 PM 5: 05

Name of General Partner:		Name of General Partner:	TALLAHASSEL FELLIND
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Effective date cannot be prion Note: If the date inserted in the document's effective date on 12. Attached is a certificate or	nis block does not meet the application the Department of State's records.  f existence duly authenticated, not by the Secretary of State or other of	he date this document is filed by the able stanutory filing requirements, the	nis date will not be listed as the
	day of		
	/Signature	e 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

Page 2 of 2



Page 1

Page: 4/4

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHOENIX FINANCIAL CONSOLIDATED HOLDINGS, 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 SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHOENIX FINANCIAL CONSOLIDATED HOLDINGS, LP" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2011.

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

Authentication: 202589330

Date: 02-07-22

5018963 8300 SR# 20220390536