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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000105970 3)))



H220001059703ABC-

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FC4000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*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/FOREIGN LP/LLLP  
ET-9 LP**

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

STATE OF FLORIDA  
TALLAHASSEE

2022 MAR 22 PM 5:02

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

1. ET-9 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 L.L.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

2. Delaware

State or Country of Formation

January 26, 2022


Date of Formation

4. Federal Employer Identification Number \_\_\_\_\_

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

C T Corporation System  
1200 S. Pine Island Road  
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.



Bernadette Baker, Asst. Sec.

Signature of Registered Agent

7. Principal Office:

1170 Kane Concourse, Suite 400  
Bay Harbor Islands, FL 33154

8. Mailing Address:

1170 Kane Concourse, Suite 400  
Bay Harbor Islands, FL 33154

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 ET-9 GP LLC Name of General Partner \_\_\_\_\_Street Address 1170 Kane Concourse, Suite 400 Street Address: \_\_\_\_\_Bay Harbor Islands, FL 33154Mailing Address: 1170 Kane Concourse, Suite 400 Mailing Address: \_\_\_\_\_Bay Harbor Islands, FL 33154

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.)

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 18 day of March 2022

By ET-9 GP LLC

By:

DocuSigned by:

Jordan Kavana

Jordan Kavana

The individual signing this document affirm 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 "ET-9 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  
TWENTY-FIRST DAY OF MARCH, A.D. 2022.

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



6567749 8300

SR# 20221093989

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A 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 in a small font.

Jeffrey W. Bullock, Secretary of State

Authentication: 202967745

Date: 03-21-22