

B 2200000000152

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000069285 3)))



H220000692853ABC1

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 : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

2022 MAR 31 AM 10:18

FLORIDA/FOREIGN LP/LLLP
Palmera Crypto Partners Onshore Fund I LP

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

FILED
2022 MAR 31 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Palmera Crypto Partners Onshore Fund I LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., 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.

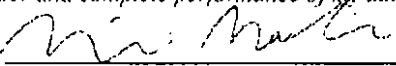
2. Delaware 3. 01/10/2022
State or Country of Formation Date of Formation

4. Federal Employer Identification Number 87-4791329

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

Vcorp Services, LLC
5011 South State Road 7, Suite 106
Davie, FL 33314

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.


Miriam Nachison
Assistant Secretary
Signature of Registered Agent

7. Principal Office:
41 SE 5th Street, Apt. 716
Miami, FL 33131

8. Mailing Address:
41 SE 5th Street, Apt. 716
Miami, FL 33131

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: | <u>Palmera Crypto GP I LLC</u> | Name of General Partner: | <u></u> |
| Street Address: | <u>41 SE 5th Street, Apt. 716</u> | Street Address: | <u></u> |
| | <u>Miami, FL 33131</u> | | <u></u> |
| Mailing Address: | <u>41 SE 5th Street, Apt. 716</u> | Mailing Address: | <u></u> |
| | <u>Miami, FL 33131</u> | | <u></u> |
| Name of General Partner: | <u></u> | Name of General Partner: | <u></u> |
| Street Address: | <u></u> | Street Address: | <u></u> |
| | <u></u> | | <u></u> |
| Mailing Address: | <u></u> | Mailing Address: | <u></u> |
| | <u></u> | | <u></u> |

FILED
2022 MAR 31 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 2

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

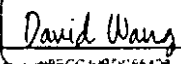
Mailing Address: _____

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 15th day of February, 2022

DocuSigned by:


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 |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALMERA CRYPTO PARTNERS ONSHORE FUND I 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-SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALMERA CRYPTO PARTNERS ONSHORE FUND I LP" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2022.

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



6532650 8300

SR# 20220629567

You may verify this certificate online at 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.

Authentication: 202725335

Date: 02-22-22