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| Certificate of Good Standing: | | | | | | | , / , , , , |
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<u>E</u>:

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

| Desen | Grande | 11.1 | \Box |
|-------|--------|------|--------|
| Deseu | Glande | 11 1 | Н |

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

| Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Lin | . Limited, L.P., LP, or Ltd. nited Liability Limited Partnership, L.L.L.P. or LLLP. | |
|--|--|------------------|
| If name unavailable, name under which the limited partnershi | ip or limited liability limited partnership proposes to regi | ster to transact |
| Delaware | 10-28-2021 | |
| State or Country of Formation | Date of Formation | |
| 4. Federal Employer Identification Number: | | |
| 5. Name of Registered Agent for Service of Process and Flo C T Corporation System | orida Street Address: | |
| 1200 S. Pine Island Road | | |
| Plantation, FL 33324 | | |
| 6. I hereby accept the appointment as registered agent and aging of all statutes relative to the proper and complete performant my position as registered agent. Signature of the proper and complete performant my position as registered agent. | nce of my duties, and I am familiar with and accept the o | bligations of |
| Signature o | of Registered Agent | 1 1 1 P 22 |
| 7. Principal Office; | 8. Mailing Address: | 22 APR -8 Ph |
| 4890 W. Kennedy Blvd., Suite 240 | 4890 W. Kennedy Blvd., Suite 240 | 81 포 |
| Tampa, FL 33609 | Tampa, FL 33609 | |
| | | 7 7 m |
| 9. If limited partnership is a limited liability limited partne | ership, check box . | |
| 10. Name, principal office address, and mailing address of o | each general partner: | |
| Name of General Partner: Deseo Grande II GP LL | LC Name of General Partner: | |
| Street Address: 4890 W Kennedy Blvd., #2 | | |
| Tampa, FL 33609 | Sheet Address. | - |
| Mailing Address: 4890 W Kennedy Blvd., #2 | Mailing Address: | |
| Tampa, FL 33609 | Maning Address | |
| Name of General Partner: | Name of General Partner: | |
| Street Address: | | |
| | | |
| Mailing Address: | | |

| 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: | e this document is filed by the Florida Department of State.) |
| 12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized. | l having custody of the entity's records in the jurisdiction under |
| Signed thisday of April By: Desco Grande II GP I | 2022 |
| By: Deseo Grande II GP L By: Joseph G. Lybeck, Pres | |
| The individual signing this document affirm that the facts stated hereis submitted in a document to the Department of State constitutes a third | in are true and the individual is aware that false information degree felony as provided for in s.817.155, F.S. |
| Filing Fees: \$1,000 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | 0.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DESEO GRANDE II 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 SIXTH DAY OF APRIL, A.D. 2022.

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

Authentication: 203117037

Date: 04-06-22