

4/15/22, 5:13 PM

Division of Corporations

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H22000138059 3

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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.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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: \_\_\_\_\_

2022 APR 26 PM 2:07

2022 APR 26 PM 2:25  
APPROVED AND FILED

FLORIDA/FOREIGN LP/LLP  
ET-10 LP

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

2 part filing, please  
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H22000138059 3

Electronic Filing Menu

Corporate Filing Menu

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DocuSign Envelope ID: 99634CA8-CF30-429E-953F-E8A5D7CAC4E5

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

1. ET-10 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

April 7, 2022

State or Country of Formation

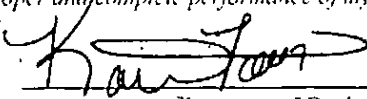
Date of Formation

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.



Signature of Registered Agent

C T Corporation System,  
by Kaity Toon, Asst. Sec

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

2022 APR 26 PM 2:25  
APPROVED AND FILED

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-10 GP LLC

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

Street Address: 1170 Kane Concourse, Suite 400

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

Bay Harbor Islands, FL 33154

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

DocuSign Envelope ID: 99624CA8-CF30-429E-953F-E8A5D7C4C4E5

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 15 day of April 2022

By: ET-10 GP LLC  
Signed by: Jordan Kavana  
By: \_\_\_\_\_  
Jordan Kavana, President

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.17.155, F.S.

<b>Filing Fees:</b>	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	\$52.50
<b>Certificate of Status (optional):</b>	\$8.75

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ET-10 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 FIFTEENTH DAY OF APRIL, A.D. 2022.

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



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

6724273 8300

SR# 20221479113

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

Authentication: 203192088

Date: 04-15-22