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CORPORATE

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SPECIAL

INSTRUCTIONS:

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

5/18 DANNY PICK UP: · XX **CERTIFIED COPY PHOTOCOPY CUS** XX**FILING FOREIGN LLC** VILLAGE LANE PROPERTY, LP (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)

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

VILLAGE LANE PRO	OPERTY, LP					
Acceptable Limited Part	nership suffixes: Limited Partners	ship, Limit	ited Partnership, which must included, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L			
If name unavailable, na	me under which the limited partne business in Flori	ership or li	imited liability limited partnership pontain acceptable suffix.	proposes to reg	ister to	transact
2 Delaware			3. April 22, 2022			
-·	or Country of Formation		Date of Formation	nc		
4. Federal Employer Id	entification Number applied for					
	Agent for Service of Process and		Street Address:			
7900 Glades Road, Suite	: 500					
Boca Raton, FL 33434						
6. I hereby accept the ap of all statutes relative my position as register	to the proper and complete perfored agent.	rmance of	act in this capacity. I further agree my duties, and I am familiar with a gistered Agent	e to comply wit ind accept the o	h the p obligat	rovisions ions of
				•	202	
7. Principal Office:			8. Mailing Address: 7900 Glades Road		2 HA	
· · · · · · · · · · · · · · · · · · ·		-			022 MAY 18	;
Suite 500		Suite	500	* ***		四名
Boca Raton, FL 33434		Boca	Raton, FL 33434	<u> </u>	₹	0 - 4
9. If limited partnershi	p is a limited liability limited pa	ertnership	o, check box. \square	. \$ -	MM 8: 30	
Name of General Pa		LLC	general partner: Name of General Partner: Street Address:			
70	ca Raton, FL 33434 00 Glades Road, Suite 500		Mailing Address:			
	ca Raton, FL 33434		· · · · · · · · · · · · · · · · · · ·			
Name of General Pa	rtner:		Name of General Partner:		· 	
Street Address:			Street Address:			
Mailing Address:			Mailing Address:			

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet document's effective date on the Department of State 12. Attached is a certificate of existence duly authent	lays after the date this document is filed by the Florida Department of State.) the applicable statutory filing requirements, this date will not be listed as the
the law of which it is organized. Signed this day of	
The individual signing this document affirms that the	Signature of a general partner Hillsley, as Authorized Person of General Partner facts stated herein are true and the individual is aware that false information constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VILLAGE LANE PROPERTY, 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-EIGHTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VILLAGE LANE PROPERTY, LP" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2022.

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

at corn delaware sov/auth

Authentication: 203297143

Date: 04-28-22

6753517 8300 SR# 20221678639