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# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 5/19/2022

**PRIORITY** Routine

OUR REF # (Order ID#) Rhonda

ORDER ENTITY

BROADCREST COMPOST INVESTMENT, LP

# PLEASE PERFORM THE FOLLOWING SERVICES:

BROADCREST COMPOST INVESTMENT, LP

Please file the attached qualification document.

#### NOTES:

\$1,000.00 Authorized

Email address for annual report reminders: jdavis@broadcrest.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

, Broadcrest Compo	ost Investment, LP	1 00.5	INESS INTEGRIDA		
(Name of 1 Acceptable Limited	.imited Partnership or Limited Liabili Partnership suffixes: Limited Partnershi	ip, Limi	ited Partnership, which must include suffix) ited, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L.P. or LLLP.	•	
			imited liability limited partnership proposes to recontain acceptable suffix.	- egister to tra	insact
2. Delaware		3. 05/05/2022			
	tate or Country of Formation		Date of Formation		
4. Federal Employe	er Identification Number: 88-22/2346				
	red Agent for Service of Process and F	`lorida	Street Address:		
1540 Glenway Driv	e				
Tallahassee, FL 323	601				
	ative to the proper and complete perform		o act in this capacity. I further agree to comply with and accept the familiar with an accept the familiar with an accept the familiar with a fa		
	Signatur	e of Re	gistered Agent		
7. Principal Office:		8. <b>M</b>	ailing Address:		
558 West New Engl	land Avenue, Suite 250	558 West New England Avenue, Suite 250		2(	
Winter Park, F1. 32789 Win		ter Park, FL 32789	)22 H		
				^ <u> </u>	<u> </u>
9. If limited partne	ership is a limited liability limited part	nershi <sub>l</sub>	p, check box. □	1 9 P	
10. Name, principa	al office address, and mailing address of	of each	general partner:	₹ 0'	1
	Broadcrost Compact Control C			<u>5</u>	_
558 West New England Avenue, Suite				<u>.</u>	
Street Address:	Winter Park, FL 32789		Street Address:		
	559 Word Nam Pandand America Cuita 250			•	
Mailing Address	Winter Park, FL 32789		Mailing Address:		
Name of Commo		-	Name of Consul Domestra		
Name of General Partner:					
Street Address:			Street Address:		
	<del></del>				

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

Mailing Address:\_\_

# 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 Florida Department of State, by the Secretary of State or other official the law of which it is organized.						
Signed this 18 day of May	16/2022 14/4					
Signature of a general partner						
The individual signing this document affirms that the facts stated here submitted in a document to the Department of State constitutes a third	ein are true and the individual is aware that false information d degree felony as provided for in s.817.155, F.S.					

Page 2 of 2

\$52.50

\$8,75

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BROADCREST COMPOST INVESTMENT, 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 EIGHTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADCREST COMPOST INVESTMENT, LP" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2022.

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



Jeffrey W. Bullech, Secretary of State )

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