

7/6/22 10:01 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

B22000000337

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.

(((H22000229856 3)))



H220002298563ABC3

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 : 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: _____

FLORIDA/FOREIGN LP/LLP

Rosemawr Municipal Partners Fund LP

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUL 06 2022

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

1. Rosemawr Municipal Partners Fund L.P.

(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.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

3. 3/16/2009

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 61-1592771

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

Riverside Filings LLC

155 Office Plaza Dr, 1st Fl.

Tallahassee, FL 32301

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.

By:

/s/Elliott Teitelbaum

Signature of Registered Agent

7. Principal Office:

1674 Meridian Avenue, Suite 420

Miami Beach, FL 33139

8. Mailing Address:

1674 Meridian Avenue, Suite 420

Miami Beach, FL 33139

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: Rosemawr Associates L.P.

Name of General Partner: _____

Street Address: 1674 Meridian Avenue, Suite 420

Street Address: _____

Miami Beach, FL 33139

Mailing Address: 1674 Meridian Avenue, Suite 420

Mailing Address: _____

Miami Beach, FL 33139

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

2022 JUL - 6 PM 1:20

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 22nd day of April, 2022

/s/ Baruch Z. Halberstam

Name: Baruch Z. Halberstam

Title: Authorized Person of the General Partner

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 "ROSEMAWR MUNICIPAL PARTNERS FUND 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 FIFTH DAY OF JULY, A.D. 2022.

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



4666308 8300

SR# 20222908148

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203839276

Date: 07-05-22