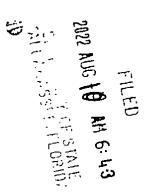
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(Requ	iestor's Name)	. .
(Addre	ess)	
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PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nai	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
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Date: 08/10/2022

D	ate:	08/10/2022	
	-	Acc#I20160000072	4: CDW
Name:	ET-14 LP		
Document #:			
Order #:	14484355		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	1052.50	
		Thank you!	

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

F.	Γ-1	14	Р

1. E 1+14 LT

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

H name unavailable, na	ne under which the limited partners	hip or limited liability limite	d partnership proposes to re	vgister t	o transact
		must contain acceptable suf		5.5.00	o Hundaet
2 Delaware		08/05/2022			
	or Country of Formation	Da	te of Formation		
4. Federal Employer Ide	entification Number Applied for		••		
`	Agent for Service of Process and F ation System	lorida Street Address:			
<u>.</u>					
	e Island Road				
Plantation	, FL 33324				
6. I hereby accept the ap of all statutes relative my position as register	pointment as registered agent and a to the proper and complete performed agent. Color Color Signature	ance of my duties, and I am	I further agree to comply was familiar with and accept the Madonna Cuddihy, Assistant Secretary	eith the j e obliga	provisions utions of
7. Principal Office:		8. Mailing Address:			
•	course, Suite 400	•	course, Suite 400		
	lands, FL 33154		ands, FL <u>3</u> 3154	•	
Bay Harbor 13	141143, 1 2 00 10 1	Bay Harbor ton	<u> </u>	202	
			•	2022 AUG	
·	p is a limited liability limited part		5.77 7.44		=======================================
• •	ice address, and mailing address (14 EV	((()	U371.
Name of General Par	ther: ET-14 GP LLC	Name of General P	artner:	<u>***</u>	
	70 Kane Concourse, Sui		97 57	<u>-</u>	
	ay Harbor Islands, FL 3				
Mailing Address: 11	70 Kane Concourse, Suit	te 400 Mailing Address:_			
	ay Harbor Islands, FL 3	3154			
Name of General Par	ther:	Name of General P	artner:		
Street Address:		Street Address: _	·		
Mailing Address:					

	Page 1 of 2 Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
12. Attached is a certificate of existence duly authenticated, not Florida Department of State, by the Secretary of State or other of the law of which it is organized. Signed this	more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under
By: Jordan Kayana, P	resident

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.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

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "ET-14 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 EIGHTH DAY OF AUGUST, A.D. 2022.

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



Authentication: 204105550

Date: 08-08-22