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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	Date:	08/24/2022	N. 1
		Acc#I20160000072	- w: DW
Name:	ET-16 LF	•	
Document #:			
Order #:	14507938	3	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	<u> </u>	FILING: 1. FIL	E LLC; 2. FILE LP
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Thank you!

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

	TO TRANSACT	BUSINESS IN FLORIDA
_{1.} ET-16 LP		
Acceptable Limited Partnership suffixes:	Limited Partnership,	Limited Partnership, which must include suffix) , Limited, L.P., LP, or Ltd. nited Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable, name under which		ip or limited liability limited partnership proposes to register to transact must contain acceptable suffix.
_{2.} Delaware		08/19/2022
State or Country of F	ormation	Date of Formation
4. Federal Employer Identification Nu	mber	
5. Name of Registered Agent for Service C T Corporation St. 1200 S. Pine Island	ystem	orida Street Address:
Plantation, FL 33		
	nd complete performa	cree to act in this capacity. I further agree to comply with the provisions not of myfulties, and I am familiar with and accept the obligations of CT Corporation System Donna Peterson-Riggs, Asst. Secretary of Registered Agent
7. D. C. C. L. (2005)	••	,,
7. Principal Office: 1170 Kane Concourse, S		8. Mailing Address: 1170 Kane Concourse, Suite 400
· · · · · · · · · · · · · · · · · · ·		
Bay Harbor Islands, FL	. 33 134	Bay Harbor Islands, FL 33154
9. If limited partnership is a limited li	ability limited partne	ership, check box . 222
10. Name, principal office address, an		each general partner:
Name of General Partner: ET-16 G	P LLC	Name of General Partner:
Street Address: 1170 Kane C	oncourse, Suite	
	Islands, FL 33	The same of the sa
Mailing Address: 1170 Kane C	1170 Kane Concourse, Suite 400 Mailing Address:	
	Islands, FL 33	
Name of General Partner:		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:
11. Effective date, if other than the date of (Effective date cannot be prior to nor more)	of filing: than 90 days after the date this document is filed by the Florida Department of State.)
Florida Department of State, by the Secretar the law of which it is organized. 8/22/2022	y authenticated, not more than 90 days prior to the delivery of this application to the ry of State or other official having custody of the entity's records in the jurisdiction under
	ET-16-GRubila Giby:

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

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "ET-16 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-THIRD DAY OF AUGUST, A.D. 2022.

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

Jeffrey W Bullock, Secretary of \$1819

Authentication: 204228345