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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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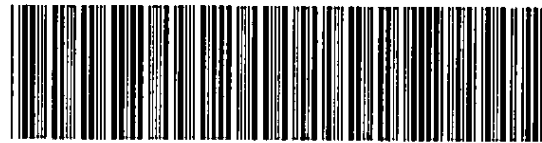
(Business Entity Name)

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September 6, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Application by Foreign Limited Partnership to Transact Business in Florida for NicoleDavid Holdings, LP**

To Whom It May Concern:

Please find attached a completed Application by Foreign Partnership to Transact Business in Florida form for NicoleDavid Holdings, LP to be filed.

Also, please find enclosed check #1651 in the amount of \$1,000.00 for the fee associated with this filing.

Should you have any further questions please do not hesitate to contact me at (314) 721-8888 or by email at scan@kohn-partnership.com.

Very truly yours,

THE KOHN PARTNERSHIP, LLP

By:   
Sean C. McGeehan

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NicoleDavid Holdings, LP

\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Sean McGeehan

\_\_\_\_\_  
Contact Person

The Kohn Partnership, LLP

\_\_\_\_\_  
Firm/Company

138 N. Meramec Ave.

\_\_\_\_\_  
Address

St. Louis, MO 63105

\_\_\_\_\_  
City, State and Zip Code

sean@kohn-partnership.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean McGeehan

at ( 314 ) 721-8888

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fee    ☐ \$1,008.75 Filing Fees    ☐ \$1,052.50 Filing Fees    ☐ \$1,061.25 Filing Fee,  
( \$965 Filing Fee and    and Certificate of    and Certified Copy    Certified Copy, and  
\$35 Registered Agent    Status          Certificate of Status  
Fee )

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. NicoleDavid Holdings, LP

(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 LLLP.

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. MO

State or Country of Formation

3. 8/19/21

Date of Formation

4. Federal Employer Identification Number: 35-2726127

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

Nick Tranchilla

218 Seabreeze Blvd.

Inlet Beach, FL 32461

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.

Signature of Registered Agent

7. Principal Office:

17101 Westridge Meadows Dr.

Chesterfield, MO 63005

8. Mailing Address:

17101 Westridge Meadows Dr.

Chesterfield, MO 63005

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: NDH GP, Inc.

Name of General Partner:

Street Address: 17101 Westridge Meadows Dr.

Street Address:

Chesterfield, MO 63005

Mailing Address: 17101 Westridge Meadows Dr.

Mailing Address:

Chesterfield, MO 63005

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:


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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 30th day of AUGUST, 2022

 , PRESIDENT OF NDH GP INC

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

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

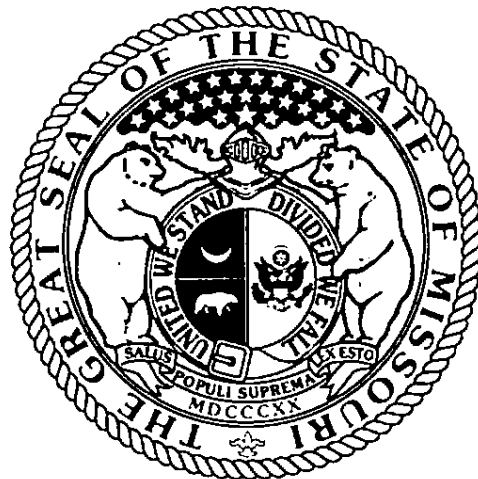
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*NicoleDavid Holdings, LP*  
*LP001411598*

was created under the laws of this State on the 19th day of August, 2021, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of September, 2022.

  
Secretary of State



Certification Number: CERT-09062022-0112