

B22000000471

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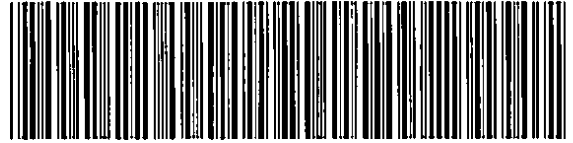
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**DATE:** 09/30/22

**NAME:** DRENS FUND I GENERAL PARTNER, LP

**TYPE OF FILING:** APPLICATION

**COST:** 1,000.00 - Check Attached

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** ~~PCA000000000~~015

**AUTHORIZATION:** ~~ABBIE/PAUL~~ HODGE

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

1. DRENS Fund I General Partner, 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. DE 3. 01/20/2022  
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 87-4703713

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

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

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. Please see attached.

\_\_\_\_\_  
Signature of Registered Agent

7. Principal Office:

142 Hawley St., Suite 6

Grayslake, IL 60030

8. Mailing Address:

142 Hawley St., Suite 6

Grayslake, IL 60030

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: Fox RV Parking Fund I General

Name of General Partner: \_\_\_\_\_

Street Address: Partner, LP

Street Address: \_\_\_\_\_

119 6th Avenue, Suite 100

Mailing Address: Calgary, Alberta T2P 0P8

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

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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ADDRESS ONLY

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 28th day of September, 2022



Will Matthews Signature of a general partner \* See Attachment A

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

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## ATTACHMENT A

The Partnership Structure for **DRENS Fund I General Partner, LP** is as follows:

**DRENS Fund I General Partner, LP**

By: Fox RV Parking Fund I General Partner, LP, General Partner

By: Fox RV Parking Upper Tier GP, LLC, its General Partner

By: Will Matthews, Member

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**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

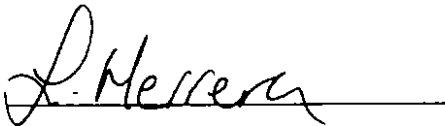
**DATE:** 09/29/2022

**ENTITY NAME:** DRENS Fund I Limited Partner, LP

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

CLERK OF STATE  
TALLAHASSEE, FL 32301

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRENS FUND I GENERAL PARTNER, 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-NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRENS FUND I GENERAL PARTNER, LP" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2022.

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



6557825 8300

SR# 20223654199

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204512794

Date: 09-29-22