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S. ROBERTS

OCT 04 2022

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 10/04/22

NAME: 6TH ST FORT MYERS RV LP

TYPE OF FILING: APPLICATION LIMITED PARTNERSHIP

COST: 1,000.00 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

~~ACCOUNT# FCA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

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

1. 6th St Fort Myers RV 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 L.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. DE

State or Country of Formation

3. 09/23/2022

Date of Formation

4. Federal Employer Identification Number 92-0425764

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:

95 6th Street

Fort Myers, Florida 33907

8. Mailing Address:

142 Hawley St., Suite 6

Grayslake, IL 60030

2022 OCT -1, PM 1:50

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: DRENS Fund I General Partner, LP

Name of General Partner: _____

Street Address: 119 6th Avenue SW, Suite 100

Street Address: _____

Calgary, Alberta T2P 0P8

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

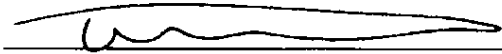
11. Effective date, if other than the date of filing: _____

(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 22 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

ATTACHMENT A

The Partnership Structure for **6th St Fort Myers RV LP** is as follows:

6TH ST FORT MYERS RV LP

By: DRENS Fund I General Partner, LP, General Partner

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

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

By: Will Matthews, Member

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

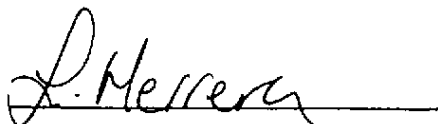
DATE: 09/29/2022

ENTITY NAME: 6th St Fort Myers RV 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.

A handwritten signature in black ink, appearing to read "J. Merrery", is written over a horizontal line.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "6TH ST FORT MYERS RV 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 "6TH ST FORT MYERS RV LP" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2022.

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



7044933 8300

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204512774