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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,				
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	12/14/2022	· 4: () W
		Acc#I20160000072	4.: () = W
Name:	1001 EYG	Venice Park, LP	
Document #:			
Order #:	14666068		
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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Thank you!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1001 EYG Venice Park, LP	
Name of Foreign Limited	d Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning the	and fees are submitted to register a foreign limited partnership or limited liability limited his matter to:
Tessa Hopkins	
Contact Person	
Kelley Clarke, PC	
Firm/Company	
603 E Broadway Street	
Address	
Prosper, TX 75078	
City. State and Zip Coo	de
tessa@kelleyclarke.com	
E-mail address: (to be used for future annua	Treport notification)
For further information concerning this matter	r, please call:
Tessa Hopkins	469 584-6557
Name of Contact Person	at () Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
S1,000.00 Filing Fees S1,008.75 Filin (\$965 Filing Fee and \$35 Registered Agent Fee)	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

1. 1001 EYG Venice Park, 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. 3. 09/28/2022 ₂ Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number 88-413361 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby 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 jamiliar with and accept the obligations of my position as registered agent C T Corporation System By: David Westcott Asst. Secty. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 603 E Broadway Street 603 E Broadway Street Prosper, TX 75078 Prosper, TX 75078 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: 1001 EYG Venice Park Manager, LLC ■ Name of General Partner: 1570 Indian Creek Rd Street Address: _____ Street Address: Marion, IA 52302 Mailing Address: 1570 Indian Creek Rd _____ Mailing Address:_____ Marion, IA 52302 Name of General Partner:______ Name of General Partner:______ Street Address: _____ Street Address: _____ Mailing Address: _____ Mailing Address: ____

Name of Gen	eral Partner:	Name o	of General Partner:
Street Addres	is:	Street a	Address:
Mailing Add	ress:		g Address:
Note: If the date document's effect 12. Attached is a Florida Department.	inserted in this block does not meet the tive date on the Department of State's recentificate of existence duly authenticate of State, by the Secretary of State or	applicable statutory ecords. ed, not more than 90	ocument is filed by the Florida Department of State.) filing requirements, this date will not be listed as the days prior to the delivery of this application to the g custody of the entity's records in the jurisdiction under
the law of which Signed this	day of December	20	22
The individual si	ening this document affirms that the fac	nature of a genera	I partner rue and the individual is aware that false information e felony as provided for in s.817.155, F.S.
submitted in a do	Filing Fees:		65 Filing Fee and \$35 Registered Agent Fee)
	Certified Copy (optional):	\$52.50	os i migree and ose registered rigent (4)
	Certificate of Status (optional):	\$8.75	Dugan Kelley SIGNERS EXECUTION Dugan Kelley
		Page 2 of 2	Attorney-of-fact

Page 1



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

DELAWARE, DO HEREBY CERTIFY "1001 EYG VENICE PARK, 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 SEVENTH DAY OF DECEMBER, A.D. 2022.

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

Authentication: 205032968

Date: 12-07-22