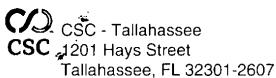


(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500396225715



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland

Ext: 61592 Date: 12/16/22 Order #: 190929-1

Re: Emerald Development Managers LP

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1000.00 - FL State Account Number:

grebble man

12000000195

**AUTHORIZATION:** 

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

	COVER LET	TTER	
TO: Registration Section Division of Corporations			
SUBJECT: Emerald Development Managers L	P		
Name of Foreign Limited Partr	ership or Limited I	iability Limited Partnership	
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		register a foreign limited partnership	or limited liability
Richard Birgler			
Contact Person	•	-	
Emerald Development Mangers LP			
Firm/Company		•	
323 Sunny Isles Blvd, Suite 734			
Address		•	
Sunny Isles Beach, FL 33160			
City, State and Zip Code		-	
richard.birgler@emeraldmanagers.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, pleas	se call:		<del> 3</del>
Richard Birgler	at ( 212	317-2254	
Name of Contact Person	_	d Daytime Telephone Number	
Enclosed is a check for the following amount:			
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  □\$1,008.75 Filing Fees and Certificate of Status	□\$1,052.50 Filin and Certified		
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

limited

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

(Name of L Acceptable Limited	Partnership suffixes: Limited Partnersh	ity Limited Partnership, which must include suffix) ip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.	-
If name unavailable	<u> </u>	ship or limited liability limited partnership proposes to rate must contain acceptable suffix.	egister to transact
<sub>2</sub> Delaware		3. 4/25/2008	
St	tate or Country of Formation	Date of Formation	<del>-</del>
4. Federal Employe	er Identification Number: 26-2807746	5	
	red Agent for Service of Process and F		
Corporation Service	ce Company		
1201 Hays Street			
Tallahassee, FL 3	2301		
	ative to the proper and complete perform gistered agent.	agree to act in this capacity. I further agree to comply we mance of my duties, and I am familiar with and accept the manual A.V.P.  The of Registered Agent	
7. Principal Office:		8. Mailing Address:	
•		Emerald Development Mangers LP	
323 Sunny Isles B	llvd., Suite 734	323 Sunny Isles Blvd., Suite 734	
Sunny Isles Beach, FL 33160		Sunny Isles Beach, FL 33160	·
9. If limited partne	ership is a limited liability limited part	tnership, check box.	
10. Name, principa	il office address, and mailing address	of each general partner;	
-	•	nagers L LC Name of General Partner:	
323 Sunny Isles Blvd., Suite 734		Street Address:	
Street Madress.	Sunny Isles Beach, FL 33160		
Mailing Address: 323 Sunny Isles Blvd., Suite 734 Sunny Isles Beach, FL 33160		Mailing Address:	•
Name of Genera	l Partner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address	::	Mailing Address:	

## Page 1 of 2

Name of General Partner	r;	Name of General	al Partner:	
Street Address:		Street Address:		
Mailing Address:		Mailing Addres	:s:	
		<del></del>		
Note: If the date inserted in to document's effective date on 12. Attached is a certificate of	or to nor more than 90 days of this block does not meet the at the Department of State's report of existence duly authenticate by the Secretary of State or coted.	applicable statutory filing red ecords. ed, not more than 90 days pri	quirements, this date wil	Il not be listed as the
Signed this	day of	22		
	day of December    December   Decusioned     Decusioned     Decusioned     Decusioned     Decusioned     December     Dece	by:  (2)  (3)  (3)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (10		
The individual signing this d	ocument affirms that the fact he Department of State const	s stated herein are true and t	he individual is aware th	nat false information
	s: Copy (optional): c of Status (optional):	\$52.50	g Fee and \$35 Registered	i Agent Fee)

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "EMERALD DEVELOPMENT MANAGERS 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 EIGHTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERALD DEVELOPMENT MANAGERS LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2008.

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



Authentication: 205041498

Date: 12-08-22