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:			
	Division of	Corporations	
	Fax Number	: (850)617-6383	

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20083030067 Phone : (845)425-0077 Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
CHIGAL	~001 €33.		

FLORIDA/FOREIGN LP/LLLP

Jacksonville Portfolio Opportunity Phase II, LP

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S. ROBERTS

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

(Name of L Acceptable Limited I	Partnership suffixes: Limited Partnersh	ity Limited Partnership, which must include		-
If name unavaitable		ship or limited liability limited partnership principal must contain acceptable suffix.	oposes to r	egister to transact
2. Delaware		3. 09/02/2022		
	ate or Country of Formation	Date of Formation	1	_
4. Federal Employe	r Identification Number			
5. Name of Register	red Agent for Service of Process and I	Horida Street Address:		
Veorp Services, LLC				
1200 South Pine Isla	and Road			
Plantation, Florida 3	3324			
6. Thereby accept it of all statuaes relaming my position as reg	itive to the proper and complete perform distered agent. By: Miriam N	agree to act in this capacity. I further agree induce of my duties, and I am familian with an action of I.C. actions or of Registered Agent	to comply v d necept th	with the provisions we obligations of
	, nguatur	·		320E
7. Principal Office:	Aug. Cto 114	8. Mailing Address: 10860 Switzer Ave. Ste 114		
10860 Switzer				- 0
Dallas, TX 752		Dallas, TX 75238	- 1	19
9. If limited partne	rship is a limited liability limited part	tnership, check box.	_	8: 2
	Foffice address, and mailing address Jacksonville Portfolio Opportunity Ph FPartner:		<u> </u>	0
Street Address:	10860 Switzer Ave, Ste 114	Street Address:		
	Dallas, TX 75238			
Mailing Address	10860 Switzer Ave, Ste 114	Mailing Address		
-	Dallas, TX 75238			
Name of Genera	I Partner:	Name of General Partners		
Street Address:		Street Address:	····	
Mailing Address	·	Mailing Address:		

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Name of General Partner:	Name of General Partners	
Street Address:	Succe Address:	
Mailing Address:	Mailing Address:	
(tEffective date cannot be prior to).	e date of filing. r prove than 90 days after the date this document is filed by the Florada Department of State, rick does not meet the applicable statutory filing requirements, this date will not be listed as the	
	nce duly authenticated, not more than 90 days prior to the delivery of this application to the Secretary of State or other official having custody of the entity's records in the jurisdiction und 10/14/2022	er
Signed this	day of .20	
	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 \$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

Page 2 of 2



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACKSONVILLE PORTFOLIO OPPORTUNITY PHASE II, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACKSONVILLE PORTFOLIO OPPORTUNITY PHASE II, LP" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 204634271

Date: 10-17-22