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	(Requ	estor's Nam	e)	
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Certified Copies		Certifica	tes of t	Status
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Office Use Only



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M. SOLOMON

COVER LETTER

			COVERTABLE	. C.N				
-	stration Section sion of Corporations						,	
SUBJECT: _	Park Shore Oppo Name of Foreign I				imited Partnership			
partnership to	application, certificate of transact business in Flori all correspondence concer	da.		gister a	foreign limited partnership o	or limited liabilit	y limite	:d
Micha	ael Wassmann							
	Contact Per	rson						
Park	Shore Partners LLC	;						
	Firm/Comp	pany						
5121	Zuck Rd							
·	Address	S						
Erie, F	PA 16505							
	City, State and 2	Cip Code	<u>-</u>					
mwas	smann@parkshorer	partners.com					2	
E-mail addr	ess: (to be used for future	annual report noti	fication)				022	
For further in	formation concerning this	matter, please call	l:				2022 DEC	
Michae	l Wassmann	at (814)	83	6-5776		9	1
Nan	ne of Contact Person		Area Code and	Daytim	e Telephone Number	****** ******		,
Enclosed is a	check for the following an	mount:				• •	95 te	ζ
	_		1,052.50 Filing and Certified C		□\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status		დ 1	

Fee)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

1. Park Shore Opportunities US QP	Fund LP	
(Name of Limited Partnership or Limited Acceptable Limited Partnership suffixes: Limited Partnership	Liability Limited Partnership, which must include suffix)	P.
	partnership or limited liability limited partnership proposes to Florida; must contain acceptable suffix.	register to transact
2 Delaware	3 October 7, 2022	
State or Country of Formation	Date of Formation	_
4. Federal Employer Identification Number:	38-4168900	
5. Name of Registered Agent for Service of Process	s and Florida Street Address:	
Dan Baer	_	
3838 Tamiami Trail North, Suite 100	_	
Naples, FL 34103		
of all statutes relative to the proper and complete p my position as registered agent.	nt and agree to act in this capacity. I further agree to comply performance of my duties, and I am familiar with and accept gnature of Registered Agent	
7. Principal Office:	8. Mailing Address:	<u>DE</u>
•	-	
5121 Zuck Rd	3838 Tamiami Trail North, Suite 100	
Erie, PA 16506	Naples, FL 34103	
9. If limited partnership is a limited liability limite 10. Name, principal office address, and mailing ad		- · &
Name of General Partner: Park Shore Parts	ners LLC Name of General Partner:	
Street Address: 3838 Tamiami Trail North Naples, FL 34103	n, Suite 100 Street Address:	
Mailing Address: 3838 Tamiami Trail Nort Naples, FL 34103	h, Suite 100 Mailing Address:	
	Name of General Partner:	
	Street Address:	
Mailing Address:	Mailing Address:	

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
<u> </u>	
Effective date, if other than the date of fil	ling:
Effective date cannot be prior to nor more that	n 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	f State's records.
12. Attached is a certificate of existence duly at	uthenticated, not more than 90 days prior to the delivery of this application to the
	f State or other official having custody of the entity's records in the jurisdiction under
the law of which it is organized.	
Signed this day of	Destribes 20.22
signed this day of	20
	<u></u>
	Signature of a general partner
The individual signing this document affirms th	nat the facts stated herein are true and the individual is aware that false information
submitted in a document to the Department of S	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):	
Certificate of Status (option	
	202

Page 2 of 2

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

DELAWARE, DO HEREBY CERTIFY "PARK SHORE OPPORTUNITIES US QP FUND

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 NOVEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARK SHORE OPPORTUNITIES US QP FUND LP" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2022.



Authentication: 204961488

Date: 11-29-22



November 7, 2022

MICHAEL WASSMAN PARK SHORE PARTNERS LLC 5121 ZUCK RD ERIE, PA 16505

SUBJECT: PARK SHORE OPPORTUNITIES US QP FUND LP

Ref. Number: W22000140133

We have received your document for PARK SHORE OPPORTUNITIES US QP FUND LP and check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 122A00024879

Mel Solomon Senior Section Administrator

www.sunbiz.org