

B23000000088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

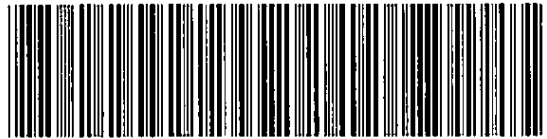
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAR 23 PM 1:47

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MAR 23 2023

K. Brumby

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/23/2023

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1132746

ORDER ENTITY

TAMIAMI BONITA SPRINGS RV LP

PLEASE PERFORM THE FOLLOWING SERVICES:

TAMIAMI BONITA SPRINGS RV LP (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$1,052.50 Authorized

Email address for annual report reminders: Nick@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. Tamiami Bonita Springs 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 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.

2. DE

State or Country of Formation

3. 1/23/2023

Date of Formation

4. Federal Employer Identification Number: 92-1986952

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.

By:

Paracorp Incorporated

Signature of Registered Agent

J. Heer, Asst. Secretary

7. Principal Office:

24300 S. Tamiami Trail

Bonita Springs, FL 34134

8. Mailing Address:

142 Hawley St., Unit 3

Grayslake, IL 60030

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APPROVED
AND
FILED

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 17th day of March, 2023



Will Matthews 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 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 **Tamiami Bonita Springs RV LP** is as follows:

TAMIAMI BONITA SPRINGS 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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAMIAMI BONITA SPRINGS 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-SECOND DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAMIAMI BONITA SPRINGS RV LP" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2023.

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



7250950 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: 202980683