

# B230000000149

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000171807 3)))



H230001718073ABC\$

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITAL LEGAL GROUP PA  
Account Number : 120210000025  
Phone : (305)676-0924  
Fax Number : (305)676-0924

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

Email Address: lshapiro@clglaws.com

**FLORIDA/FOREIGN LP/LLLP**  
**Carrollwood SPV VII, LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

FILED  
2023 MAY -9 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. Jones

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Carrollwood SPV VII, LP

\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Lauren Shapiro

\_\_\_\_\_  
Contact Person

Capital Legal Group PA

\_\_\_\_\_  
Firm/Company

1110 Brickell Avenue

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City, State and Zip Code

lshapiro@clglaws.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Shapiro

at ( 305 ) 676-0924

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fee ( \$965 Filing Fee and \$35 Registered Agent Fee )	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
---	---	---	---

**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

H23000171807 3

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

1. Carrollwood SPV VII, 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 L.L.L.P.

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. Delaware

3. May 3, 2023

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: \_\_\_\_\_

5. Name of Registered Agent for Service of Process and Florida Street Address:

Victor Bonilla

905 West Platt Street

Tampa, FL 33606

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.

Signature of Registered Agent

7. Principal Office:

905 West Platt Street

Tampa, FL 33606

8. Mailing Address:

3225 S. MacDill Ave, Suite 129-305

Tampa, FL 33629

9. If limited partnership is a limited liability limited partnership, check box. ☐ D

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Carrollwood GP VII, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 905 West Platt Street

Street Address: \_\_\_\_\_

Tampa, FL 33606

Mailing Address: 3225 S. MacDill Ave, Suite 129-305

Mailing Address: \_\_\_\_\_

Tampa, FL 33629

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FILED  
2023 MAY -9 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H23000171807 3

H23000171807 3

Page 1 of 2

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 8th day of May, 2023

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

Page 2 of 2

H23000171807 3

1123000171807 3

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:30 PM 05/03/2023  
FILED 05:30 PM 05/03/2023  
SR 20231798228 - File Number 7442904

**STATE of DELAWARE**  
**CERTIFICATE of FORMATION**  
**LIMITED PARTNERSHIP**

**The Undersigned**, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

**First:** The name of the limited partnership is Carrollwood SPV VII, LP

**Second:** The address of its registered office in the State of Delaware is 8 The Green, Ste A in the City of Dover, 19901. The name of its Registered Agent at such address is A Registered Agent, Inc.

**Third:** The name and mailing address of each general partner is as follows:

**Carrollwood GP VII, LLC**  
3225 S. MacDill Avenue  
Suite 129-305  
Tampa, FL 33629

**In Witness Whereof**, the undersigned has executed this Certificate of Formation on the 2<sup>nd</sup> day of May 2023.

Carrollwood GP VII, LLC

By:   
General Partner

Name: Victor Bonilla  
Authorized Person

H23000171807 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARROLLWOOD SPV VII, 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 FOURTH DAY OF MAY, A.D. 2023.



7442904 8300

SR# 20231798228

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203279200

Date: 05-04-23