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(((H23000192499 3)))



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: (386)238-8383

Phone Fax Number

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FLORIDA/FOREIGN LP/LLLP

1751 S. Atlantic LP

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(FAX)

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Application by foreign limited partnership or LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1751 S. Atlentic LP		4
Acceptable Limited Partnership suffixes: Limite	nited Liability Limited Partnership, which must include suffix) ed Parinership, Limited, L.P., L.P., or Ltd. p suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLL	
	ited partnership or limited liability limited partnership proposes to sa in Florida; must contain acceptable suffix.	register to tremsed
2. Delaware	3 August (0, 2010	
State or Country of Fernant	on Dute of Formation	- ,
4. Federal Employer Identification Number:_	<u> </u>	
5. Name of Registered Agent for Service of Pr	ocsas and Florida Street Address:	
Glenn D. Storch, P.A.		
420 S. Nova Roed		
Daytona Beach, FL 32114	_ .	
 I hereby accept the appointment as registered of all statutes relative to the proper and confin my position as registered agent. 	Section 1 and 12 2014 of the in this capacity. I further agree to comply lete performancy of try wittes, and I am familiar with and accept to	With the provisions he obligations of
	Signature of Registered Agent	1
7. Principal Office:	8. Mailing Address:	20
c/o Fenix Croup of Compenies	Commerce CT West	23
Commerce CT West-199 Bay St., Ste 2900	199 Bay St., Sto 2900	2023 S.Y
Toronto, Ontario MSL 1G4 CAN XX	Toronto, Ontario MSL 1G4 CAN XX	25
. If itmiced partnership is a limited liability iii	mited northership shock box	
		ည <u>်</u>
Name, principal effice address, and mailing Fenix Fund Wareho	- <u> </u>	94.
Name of General Partner.	Name of General Partner:	
Screet Address: Commerce CT West-199 Ba	y St., Sto 2900 Street Address:	
Toronto, Outario M51 1G4 C	ZAN XX	
Mailing Address:	Mailing Address:	
Name of General Partner:	Name of General Pertner:	· · · · · · · · · · · · · · · · · · ·
Street Address:	Street Address:	
Mailing Address:	Malling Address:	

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Name of General Pa	riner:	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 Deportment 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 the suthenticated, 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 orga	day of May	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.					

Page 2 of 2

Filing Fees: Certified Copy (optional): Certificate of Status (optional); \$1,000.09 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1751 S. ATLANTIC 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 THIRD DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1751 S. ATLANTIC LP" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2010.

4858782 8300

SR# 20231489466 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203265944

Date: 05-03-23