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.

(((H23000283352 3)))



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to:

Division of Corporations

Fex Number

: (850)617-6303

From:

Account Name : GLENN D. STORCH, PA Account Number : 128288888127

Phone Fax Number : (386)238-8383 : (386)238-8988

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Enall Address: COREYO STORCHLAW FIRM. COM

## FLORIDA/FOREIGN LP/LLLP 1110 N. Atlantic LP

Certificate of Status	0
Certified Copy	0
Page Count	05
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### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1110 N. Atlantic LP		
Name of Foreign Limited Parts	nership or Limiter	d Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida.  Please return all correspondence concerning this ma		to register a foreign limited partnership or limited liability limited
Corey D. Brown		
Contact Person		<del></del>
Glenn D. Storch, P.A.		
Firm/Company		_
420 S. Nova Road		
Address		<del></del>
Daytona Beach, FL 32114		
City, State and Zip Code		_
corey@storchlawfirm.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, pleas	e call:	
Corey D. Brown	386	238-8383
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amount:		·
\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)	□\$1,052,50 Fil and Certified	ing Fees S1,061.25 Filing Fee, if Copy 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

(FAX)

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

Acceptable Limited	Limited Partnership or Limited Liability if Partnership suffices: Limited Partnership	y Limited Partnership, which must include suffix) , Limited, L.P., LP, or Ltd. nited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailab	le, name under which the limited partnersh business in Florida;	p or limited liability limited partnership proposes to register to transact must contain acceptable suffix.	
2. Delaware		3 August 27, 2010	
8	state or Country of Formation	Date of Formation	
4. Federal Employ	er (dentification Number:NA		
5. Name of Registe Glenn D. Storch, P.	red Agent for Service of Process and Fin A.	rida Street Address:	
420 S. Nova Road			
Daytona Beach, FL	32114		
of all statutes reli my position as reg	ative to the proper and complete performat gistered agent.	res to act is this capacity. I further agree to comply with the provisions are of my duties, and I am familiar with and accept the obligations of the familiar with and accept the obligations of the familiar with and accept the obligations of the familiary with and accept the obligations of the familiary with and accept the obligations of the familiary with an accept the obligations of the familiary with an accept the obligations of the familiary with the provisions with the provisions of the familiary with an accept the obligations of the familiary with the provisions with the provision with the provisio	
7. Principal Office:		). Malling Address:	
c'o Bayshore Group		Commerce Court West	
Commerce Court We	est-199 Bay Street, Ste 2900	199 Bay Street, Sto 2900 CA 25	
Toronto, Ontario M.	SL 1G4 Canada	Toronto, Ontario MSL 1G4 Canada	
Name, principal Name of General Street Address:	rship is a limited liability limited partner l office address, and mailing address of a Partner: Penix Fund Warehousing, LLC Commerce Court W-199 Bay Street, Ste 2 Taronto, Cuturio MSL 104 Canada	ach general partner:	
Mailing Address:		Mailing Address:	

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Name of General	Partner:	Name of General	Partner:		
Street Address:	<del></del>	Street Address:			
Mailing Address:		Mailing Address:			
Note: If the date insert document's effective of 12. Attached is a certif	be prior to nor more than 90 days after the ted in this block does not treet the applicabilists on the Department of State's records.  The contract of existence duly authenticated, not no state, by the Secretary of State or other off	le statutory filing requ note than 90 days prior	irements, this date will not be listed as the		
	th day of Jugist				
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.					
Certi	T	1.50	ee end \$35 Registered Agent Fee)		

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(F43)

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1110 N. 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 THIRTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1110 N. ATLANTIC LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2010.

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

Authentication: 203736809

Date: 07-13-23

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