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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C+L Eisenhower Partnership Opportunity Zone Fund  
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:

Cathy Lindner  
Contact Person

Cathy Lindner Inc  
Firm/Company

121 Magellan Street  
Address

Port St Joe, FL 32456  
City, State and Zip Code

clindinc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Lindner at ( 618 ) 559-0066  
Name of Contact Person Area Code 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 )
- ☐ \$1,008.75 Filing Fees  
and Certificate of  
Status
- ☐ \$1,052.50 Filing Fees  
and Certified Copy
- ☒ \$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

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

1. C4L Eisenhower Partnership Opportunity Zone Fund 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. ILLINOIS 3. 12/24/2019  
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 84-3904262

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

Cathy Lindner  
121 Magellan Street  
Port St Joe, FL 32456

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.

Cathy Lindner

Signature of Registered Agent

7. Principal Office:

Cathy Lindner Inc.

8. Mailing Address:

121 Magellan St. Port St Joe, FL 32456

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: Linda Eisenhower

Street Address: 914 Pawnee Drive

DuQuoin, IL 62832

Mailing Address: 914 Pawnee Drive

DuQuoin, IL 62832

Name of General Partner: Cathy Lindner

Street Address: 121 Magellan Street

Port St Joe, FL 32456

Mailing Address: 121 Magellan Street

Port St Joe, FL 32456

Name of General Partner: Chester Eisenhower

Street Address: 914 Pawnee Drive

DuQuoin, IL 62832

Mailing Address: 914 Pawnee Drive

DuQuoin, IL 62832

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

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

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

FILED  
2023 SEP 11 AM 4:11  
STATE OF FLORIDA  
CLERK OF THE COURT

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

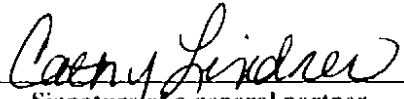
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

11. Effective date, if other than the date of filing: 9/1/2023  
(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 6<sup>th</sup> day of September, 20 23

  
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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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