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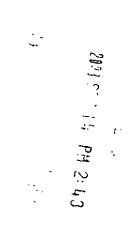
(Requestor	's Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business E	Entity Name)	
(Document Number)		
Certified Copies C	ertificates of Status	
Special instructions to Filing O	fficer:	

Office Use Only



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T. サデ・コニリX

SEP 26 2023

COVER LETTER

TO: Registration Section Division of Corporations				*
SUBJECT: MARK ICARUS, LP				•
Name of Foreign Limited P	artnership	or Limited Li	ability L	imited Partnership
The enclosed application, certificate of status an partnership to transact business in Florida. Please return all correspondence concerning this			egister a	foreign limited partnership or limited liability limited
LAWRENCE H. FEDER, ESQ.				
Contact Person				
FEDER & FEDER, ATTORNEYS AT LAW				
Firm/Company		-		
3900 HOLLYWOOD BLVD. SUITE 103				
Address				
HOLLYWOOD, FL 33021				
City, State and Zip Code				
LHFEDER@FEDERLAWGROUP.COM				
E-mail address: (to be used for future annual re	port notifi	ication)		
For further information concerning this matter, p	lease call:			
LAWRENCE H. FEDER, ESQ.	a. (9	954	9625571	×203
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 Fee and Certificate of Status		,052.50 Filing and Certified C		□\$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		7 1 T	Division The Cen	Idress: Ition Section It of Corporations Itre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

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

I.MARK ICARUS, LP

If name unavailable, name under wi	hich the limited partnership o business in Florida; mus	or limited liability limited partnerst contain acceptable suffix.	ership proposes to	— register to transact
_{2.} CALIFORNIA		3. 07/15/2016		
State or Country	of Formation	Date of Fo	rmation	_
4. Federal Employer Identification	ı Number:			
5. Name of Registered Agent for Se LAWRENCE H. FEDER, ESQ.	ervice of Process and Florid	a Street Address:		
3900 HOLLYWOOD BLVD. SUITI	E 103			
HOLLYWOOD, FL 33021		۸		
6. I hereby accept the appointment a of all statutes relative to the prope my position as registered agent.	ver and complete performance	of my duties, and I am familiar	r agree to comply with and accept t	with the provisions he obligations of
7. Principal Office:	`	Registered Agent	. ~	
36 RIO VISTA DRIVE		8. Mailing Address:		~ ₹ 2 42
		JART, FL 34996		ر : ح
				- ,-
				75 (_ 75)
9. If limited partnership is a limite	ed liability limited partnersh	iip, check box. 🗆	·	<u> </u>
10. Name, principal office address,		h general partner:	·	.~ ⊃
Name of General Partner: ICARUS MARK LLC		Name of General Partner:		
24 DIO VICTA	A DRIVE	Street Address:		
Street Address: 36 RIO VISTA				
Street Address: STUART, FL 3	34996			
STUART, FL 3	A DRIVE			
STUART, FL 3	A DRIVE	Mailing Address:		
Street Address: STUART, FL 3 Mailing Address: STUART, FL 3	A DRIVE 34996	Mailing Address:		
Street Address: STUART, FL 3 Mailing Address: STUART, FL 3 STUART, FL 3 Name of General Partner:	A DRIVE 34996	Mailing Address: Name of General Partner:		
Street Address: STUART, FL 3 Mailing Address: STUART, FL 3 STUART, FL 3 Name of General Partner: Street Address:	A DRIVE 34996	Mailing Address: Name of General Partner: Street Address:		

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
	Mailing Address:
	than 90 days after the date this document is filed by the Florida Department of State.) not meet the applicable statutory filing requirements, this date will not be listed as the
	authenticated, not more than 90 days prior to the delivery of this application to the v of State or other official having custody of the entity's records in the jurisdiction under
Signed this day of _	September 20 23/ Signature of a general partner
The individual signing this document affirms submitted in a document to the Department o	s that the facts stated herein are true and the individual is aware that false information 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)

Page 2 of 2

\$52.50 \$8.75

Certified Copy (optional): Certificate of Status (optional):



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: MARK ICARUS, LP Entity No.: 201619700011

Registration Date: 07/15/2016
Entity Type: Limited Partnership - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 29, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 141261123

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.