

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.

((H23000364055 3)))



H230003640553ABC

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 : STEINBERG GARELLEK P.L.
Account Number : I20110000015
Phone : (561)717-3020
Fax Number : (561)391-3326

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

Email Address: SZG@STEINGARLAW.COM

RECEIVED

OCT 18 AM 10:59

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

RCPR ORLANDO LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

SECRETARY OF STATE
TALLAHASSEE, FL

OCT 18 AM 8:58

FILED

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

1. RCPR ORLANDO LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., 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. DELAWARE

State or Country of Formation

3. 09/12/2023

Date of Formation

4. Federal Employer Identification Number: N/A

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

SG REGISTERED AGENT LLC200 EAST PALMETTO PARK ROAD, SUITE 103BOCA RATON, FL 33432

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:

200 EAST PALMETTO PARK ROAD, SUITE 103BOCA RATON, FL 33432

8. Mailing Address:

200 EAST PALMETTO PARK ROAD, SUITE 103BOCA RATON, FL 334329. 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: REALTEGIC GP LLC

Name of General Partner: _____

Street Address: 200 EAST PALMETTO PARK RD. #103

Street Address: _____

BOCA RATON, FL 33432Mailing Address: 200 EAST PALMETTO PARK RD. #103

Mailing Address: _____

BOCA RATON, FL 33432

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

FILED
2023 OCT 18 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL

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 17TH day of OCTOBER, 2023

Reallegic GP LLC, by Ravi Prasher, its Manager

Ravi Prasher

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RCPR ORLANDO 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RCPR ORLANDO LP" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7671417 8300

SR# 20233746451

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

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

Authentication: 204386985

Date: 10-17-23