Phorida Department of State 387 Division of Form Cover Sheet

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FLORIDA/FOREIGN LP/LLLP

UPWARD AMERICA BRANCH VILLAGE PROPERTY OWNER, LP

Certificate of Status	1
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Page Count	04
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

UPWARD AMERICA BRANCH VILLAGE PROPERTY OWNER, 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. State or Country of Formation 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporate Creations Network Inc. 801 US Highway I North Palm Beach, FL 33408 6. Thereby 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 By: Ariana Turoski, Special Secretary 7. Principal Office: 8. Mailing Address: 5505 Waterford District Drive 5505 Waterford District Drive Miami, FL 33126 Miami, FL 33126 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: UPWARD AMERICA VENTURE SUBSIDIARY OF, LLC. Name of General Partner: 5505 Waterford District Drive Street Address: Street Address: Miami, FL 33126 5505 Waterford District Drive Mailing Address: Mailing Address: Miami, FL 33126 Name of General Partner:______ Name of General Partner:_____ Street Address: Mailing Address: Mailing Address: → 18506176383

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pg 7 of 16

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 (Effective date cannot be prior to nor more Note: If the date inserted in this block does document's effective date on the Department	filing: an 90 days after the date this document is filed by the Florida Department of State.) of meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
	authenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under
Signed this day of	
	UPWARD AMERICA VENTURE SUBSIDIARY GP, LLC, GP By: Ariesa Turosis, Special Manager
	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



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UPWARD AMERICA BRANCH VILLAGE PROPERTY

OWNER, 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 FIFTH DAY OF DECEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UPWARD AMERICA BRANCH VILLAGE PROPERTY OWNER, LP" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 204734580

Date: 12-05-23