B23000000399

Note: Please print this page and use it as a cover sheet. Type me tax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000327692 3)))



H220003276923ABC0

| To: | | | |
|--------|-----------------|---|---|
| 10: | Division of Co. | rnorarions | |
| | | : (850)617-6383 | |
| From: | | | |
| | Account Name | : CORPORATE CREATIONS INTERNATIONAL INC. | |
| | Account Number | : 110432003053 | |
| | Phone | : (561)694-8107 | |
| | Fax Number | : (561)214-8442 | |
| annual | | r this business entity to be used for futur Enter only one email address please.** | е |

FLORIDA/FOREIGN LP/LLLP

7740 Southside Blvd LP

| Certificate of Status | 1 |
|-----------------------|------------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$1,061.25 |

| S. I | RANKLIN |
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SFP 22 2022

Electronic Filing Menu

Corporate Filing Menu

Help

94

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

| 7740 Southside | Blvd LP | | | |
|--|---|---|-----------------------------------|--------------------|
| Acceptable Limited | imited Partnership or Limited Lia Partnership suffixes: Limited Partne Liability Limited Partnership suffixes | rship, Limited, L.P., LP, or Li | d. | |
| If name unavailable | e, name under which the limited partr business in Flor | nership or limited liability limited; must contain acceptable | ited partnership proposes to reg | gister to transact |
| 2 Delaware | | 3 September 20 , 2022 | | |
| State or Country of Formation | | Date of Formation | | |
| 4. Federal Employe | er Identification Number | | _ | |
| 5. Name of Register | red Agent for Service of Process an | d Florida Street Address: | Rachel Jasseth, Special Sacretary | ب |
| Corporate Creations | Network Inc. | | | 1011 5 |
| 801 US Highway 1 | | | | .3 |
| North Palm Beach, | Florida 33408 | | | 5 |
| of all statutes reli my position as reg | ative to the proper and complete perf gistered agent. <u>Rachal Oos</u> Signal | ormance of my duties, and I a Apple Rachel Joseph, Specture of Registered Agent | | oonganons of |
| 7. Principal Office: | | 8. Mailing Address: | | |
| 7900 Glades Road | | 7900 Glades Road | | |
| Suite 500 | | Suite 500 | | |
| Boca Raton, Florida 33434 | | Boca Raton, Florida 33 | 434 | |
| 9. If limited partne | ership is a limited liability limited p | artnership, check box. 🗆 | | |
| 10. Name, principa | al office address, and mailing addre | ss of each general partner: | | |
| Name of General | 1 Pertner: 7740 Southside Blvd GP L | LC Name of General | Partner: | |
| Street Address: | 7900 Glades Road, Suite 500 | Street Address: | | |
| 22701723-1-4 | Boca Raton, Florida 33434 | | | |
| Mailing Address | 7900 Glades Road, Suite 500 | Mailing Address: | | |
| | Boca Raton, Florida 33434 | <u> </u> | | |
| Name of Genera | l Partner: | Name of General | Parmer: | |
| Street Address: | | Street Address: | | |
| | | | | |
| Mailing Address | i: | Mailing Address: | | |
| | | | | |

Page 1 of 2

| Name of General Partner: | Name of General Partner: | |
|---|--|---|
| Street Address: | Street Address: | |
| Mailing Address: | Mailing Address: | |
| Note: If the date inserted in this block document's effective date on the Departm | of filing: than 90 days after the date this document is filed by the Fis not meet the applicable statutory filing requirements, this ent of State's records. The substitution of the more than 90 days prior to the deliverary of State or other official having custody of the entity's a | ry of this application to the |
| the law of which it is organized. | | 2022 |
| | September 20 22 7740 Southside Blvd GP LLC, General Partner By: Signature of a general partner | (a) 15 |
| The individual signing this document affi submitted in a document to the Departme | Shane Hillsley, Authorized Person ms that the facts stated herein are true and the individual is at of State constitutes a third degree felony as provided for its constitutes. | aware that false information in s.817.155, F.S. |
| Filing Fees: Certified Copy (option Certificate of Status (c | \$1,000.00 (\$965 Filing Fee and \$35 R al): \$52.50 princal): \$8.75 | egistered Agent Fee) |

Page 2 of 2

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "7740 SOUTHSIDE BLVD 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7740 SOUTHSIDE BLVD LP" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2022.

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

9009 CEN 15 MINE

N. COLO CELAWARE SOV/Auti

7039951 8300 SR# 20223572981 Authentication: 204438098

Date: 09-20-22

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