

B24 Florida Department of State
 Division of Corporations
 Electronic Filing Fee **9**

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.

(((H24000010935 3)))



H240000109353ABCV

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 : CAPITAL LEGAL GROUP PA
 Account Number : 120210000025
 Phone : (305)676-0924
 Fax Number : (305)676-0924

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Carrollwood Capital Evergreen LP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,000.00

RECEIVED

2024 JAN -8 PM 3:06

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



2024 JAN -8 PM 8:36

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carrollwood Capital Evergreen, LP

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:

Lauren Shapiro

Contact Person

Capital Legal Group PA

Firm/Company

1110 Brickell Avenue

Address

Miami, FL 33131

City, State and Zip Code

lshapiro@clglaws.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Shapiro

at (305) 676-0924

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
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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

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

1. Carrollwood Capital Evergreen, 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 L.L.P.

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

3. _____

1/3/24

State or Country of Formation

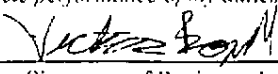
Date of Formation

4 Federal Employer Identification Number: 99-0485641

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

Victor Bonilla401 East Jackson St. 33rd FloorTampa, FL 33602

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:

401 East Jackson St.33rd FloorTampa, FL 33602

8. Mailing Address:

401 East Jackson St., 33rd FloorTampa, FL 336029 If limited partnership is a limited liability limited partnership, check box: ☐ D

10 Name, principal office address, and mailing address of each general partner:

Name of General Partner: Carrollwood Universal GP, LLC

Name of General Partner: _____

Street Address: 401 East Jackson St.

Street Address: _____

33rd FloorTampa, FL 33602Mailing Address: 401 East Jackson St., 33rd Fl.

Mailing Address: _____

Tampa, FL 33602

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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DIVISION OF CORPORATIONS
JAN 8 2024

2024 JAN -8 PM 8:36

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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 3rd day of January, 2024

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

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State of Delaware
Secretary of State
Division of Corporations
Delivered: 02:54 PM 01/02/2024
FILED: 02:54 PM 01/02/2024
SR 20240008668 - File Number 2875790

STATE of DELAWARE
CERTIFICATE of FORMATION
LIMITED PARTNERSHIP

The Undersigned, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

First: The name of the limited partnership is Carrollwood Capital Evergreen, LP

Second: The address of its registered office in the State of Delaware is 8 The Green, Ste A in the City of Dover, 19901. The name of its Registered Agent at such address is A Registered Agent, Inc.

Third: The name and mailing address of each general partner is as follows:

Carrollwood Universal GP, LLC
401 East Jackson St, 33rd Floor
Tampa, FL 33602

In Witness Whereof, the undersigned has executed this Certificate of Formation on the 2nd day of January 2024.

Carrollwood Universal GP, LLC

By: Victor Bonilla
General Partner

Name: Victor Bonilla
Authorized Person

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CARROLLWOOD CAPITAL EVERGREEN, 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 THIRD DAY OF JANUARY, A.D. 2024.



2875790 8300

SR# 20240008668

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202514041

Date: 01-03-24

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