# B24000000025

(Requestor's Name)						
	(Address)					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	j WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	1					

Office Use Only



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JAN 25 2024 K. Brumbley

## FILE 3RD

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500					
ACCOUNT NO. : 120000000195  REFERENCE : 281770 4719887  AUTHORIZATION : 51000.00					
ORDER DATE : January 23, 2024  ORDER TIME : 1:39 PM  ORDER NO. : 281770-030  CUSTOMER NO: 4719887					
FOREIGN FILINGS					
NAME: 26NORTH PARTNERS LP					
XXXX QUALIFICATION (TYPE: <u>LP</u> )					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Evliena Baker EXT#					

EXAMINER:

#### COVER LETTER

	egistration Section vision of Corporations				
	26North Partners LD				
SUBJECT		Limited Partnership or Limit	ed Liability Limited	Partnership	
partnership		status and fees are submitted ida.			or limited liability limited
<del></del>	Contact Pe	rson	<del></del>		
	Firm/Com	pany			
<u> </u>	Addres	S			
	City, State and	Zip Code			
E-mail ad	dress: (to be used for future	annual report notification)			
For further	information concerning this	matter, please call:			
Na	ame of Contact Person	at ( Area Cod	) e and Daytime Telep	hone Number	
Enclosed is	a check for the following a	mount:			
(\$965 F		Filing Fees	ied Copy Cert	1.25 Filing Fee, ified Copy, and ificate of Status	
Ma	ailing Address:		Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA 26North Partners 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 Date of Formation 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 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. Eyluma Bahrus

Neverant Vac Privalent Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 26North Partners LP 26North Partners LP 600 Madison Avenue, 26th Floor 600 Madison Avenue, 26th Floor New York, NY 10022 New York, NY 10022 9. If limited partnership is a limited liability limited partnership, check box.  $\Box$ 10. Name, principal office address, and mailing address of each general partner: Name of General Partner:\_ Name of General Partner:\_\_\_\_\_ 600 Madison Avenue, 26th Floor Street Address: Street Address: New York, NY 10022 600 Madison Avenue, 26th Floor Mailing Address: \_\_ Mailing Address: New York, NY 10022 Name of General Partner:\_\_\_\_\_\_ Name of General Partner: \_\_\_\_\_\_Street Address: Street Address:

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

#### 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 m Florida Department of State, by the Secretary of State or other off the law of which it is organized.	nore than 90 days prior to the delivery of this application to the local having custody of the entity's records in the jurisdiction under					
Signed this 23rd day of January						
GENERAL PARTNER 26North Partners GP LLC	<del></del>					
Signature of a general partner						
The individual signing this document affirms that the facts stated l	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

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "26NORTH PARTNERS 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "26NORTH PARTNERS"

LP" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

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



Authentication: 202644875

Date: 01-23-24