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.

(((H24000046182 3)))



H240000461823ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

ළිසි Email Address:_

FLORIDA/FOREIGN LP/LLLP

Leo@Edison Place Investors, LP

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$1,008.75

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Leo@Edison Place Investors, LP			
Name of Foreign Limited Partnersh	ip or Limited L	iability Lim	ited Partnership
The enclosed application, certificate of status and fees are partnership to transact business in Florida. Please return all correspondence concerning this matter to		register a fo	reign limited partnership or limited liability limited
Osvaldo F. Torres, Esq.			
Contact Person			
Torres Law, P.A.			
Firm/Company			
888 Southeast Third Avenue, Suite 400			
Address	<u> </u>		
Fort Lauderdale, Florida 33316			
City, State and Zip Code			
ozzie@torreslaw.net			
E-mail address: (to be used for future annual report no	ification)		
For further information concerning this matter, please ca	II:		
Osvaldo F. Torres	754	300-5815	
Name of Contact Person		d Daytime	Celephone Number
Enclosed is a check for the following amount:			
■\$1,000.00 Filing Fee	\$1,052.50 Filin and Certified		\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Division of	ress: on Section of Corporations e of Tallahassee
Tallahassee, FL 32314		2415 N. N	Ionroe Street, Suite 810

Tallahassee, FL 32303

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

Leo@Edison Place Investors, LP	
Acceptable Limited Partnership suffixes: Limited	ited Liability Limited Partnership, which must include suffix) d Partnership, Limited, L.P., LP, or Ltd o suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	ited partnership or limited liability limited partnership proposes to register to transact ss in Florida; must contain acceptable suffix.
2 Delaware	3. January 17, 2024
State or Country of Formatic	
4. Federal Employer Identification Number =	9-0897892
5. Name of Registered Agent for Service of Pro	
Torres Law, P.A.	
888 Southeast Third Avenue, Suite 400	
Fort Lauderdale, Florida 33316	
	agent and agree to act in this capacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with and accept the obligations of Signature of Registered Agent
	The state of the s
7. Principal Office:	8. Willing Address:
17501 Biscayne Boulevard	17501 Biscayne Boulevard
Suite 300	Suite 300 Aventura, Florida 33160
Aventura, Florida 33160	Aventum, Florida 33160
9. If limited partnership is a limited liability li	imited partnership, check box. 🗆
10. Name, principal office address, and mailin	ng address of each general partner:
10. Name, principal office address, and mailin Name of General Partner: Advenir Leo GP, L 17501 Biscayne Bouleyard	ng address of each general partner: nc. Name of General Partner: Spile 100
10. Name, principal office address, and mailin Name of General Partner: Advenir Leo GP, I	ng address of each general partner: nc. Name of General Partner:
10. Name, principal office address, and mailin Name of General Partner: Advenir Leo GP, L 17501 Biscayne Boulevard Aventura, Florida 33160 17501 Biscayne Boulevard	nc. Name of General Partner: , Suite 300 Street Address: Mailing Address:
10. Name, principal office address, and mailin Name of General Partner: Advenir Leo GP, L 17501 Biscayne Boulevard Aventura, Florida 33160	nc. Name of General Partner: , Suite 300 Street Address: Mailing Address:
10. Name, principal office address, and mailing Name of General Partner: Advenir Leo GP, L 17501 Biscayne Boulevard Aventura, Florida 33160 Aventura, Florida 33160 Aventura, Florida 33160	nc. Name of General Partner: Suite 300 Street Address: Mailing Address:
10. Name, principal office address, and mailing Name of General Partner: Advenir Leo GP, L	nc. Name of General Partner: Suite 300 Street Address: Name of General Partner: Mailing Address:

Page 1 of 2

Name of General Partner	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Effective date cannot be pric Note: If the date inserted in t	than the date of filing: or to nor more than 90 days after the date this document is filed by the Florida Department of State.) his block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
	f existence duly authenticated, not more than 90 days prior to the delivery of this application to the by the Secretary of State or other official having custody of the entity's records in the jurisdiction under ed.
Signed this 2nd	day of February,20 24
	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 "LEOGEDISON PLACE INVESTORS, 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 SECOND DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEO@EDISON PLACE INVESTORS, LP" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2024.

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

Authentication: 202729006

Date: 02-02-24

2952335 8300 SR# 20240341810