

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.

(((H24000061456 3)))



H240000614563ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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 BD RC St. Cloud, LP Certificate of Status Certified Copy Page Count 04 \$1,008.75 Estimated Charge

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

Acceptable Limited Liability Limited Partnership	o suffixes: Limited Liability Limited Partnership, L.L.	L.P. or LLLP.
	ited partnership or limited liability limited partnership ss in Florida; must contain acceptable suffix.	proposes to register to transact
2. Delaware	3.February , 2024	
State or Country of Formatic		ion
4. Federal Employer Identification Number:_		
5. Name of Registered Agent for Service of Pro	ocess and Florida Street Address:	
Corporate Creations Network Inc.		
801 US Highway 1		
North Palm Beach, Fl. 33408		
		and accept the obligations of
	Signature of Registered Agent	5
7. Principal Office:	8. Mailing Address:	9 cr
330 E. Crown Point Road	330 E. Crown Point Road	024
Winter Garden, FL 34787	Winter Garden, FL 34787	2024 FEB 1:
9. If limited partnership is a limited liability li	imited partnership, check box. 🗇	
10. Name, principal office address, and mailir	ng address of each general partner:	15 Si O
Real Capital Car Wa	ash Lower Fund, L.P. Name of General Partner:	W &
Street Address: 330 E. Crown Point Road	Street Address:	
Winter Garden, FL 34787		
Mailing Address:	Mailing Address:	
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	

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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 13th day of _	February	.20 24		
	Real Capital Car Was	sh Lower Fund, L.P		
/s/ Christopher Harris, Authorized Signer				
Signature of a general partner				
		rein are true and the individual is aware that false information rd 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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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BD RC ST. CLOUD, 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BD RC ST. CLOUD,

LP" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

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

Authentication: 202802427

Date: 02-13-24