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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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
SL PSL BLVD, LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

H24000108096

TO: Registration Section
Division of Corporations

SUBJECT: SL PSL BLVD, 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:

Ethan Prescott

Contact Person

StreetLevel Investments

Firm/Company

5950 Berkshire Lane, Suite 700

Address

Dallas, Texas 75225

City, State and Zip Code

eprescott@streetlevelinvestments.com

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

For further information concerning this matter, please call:

Ethan Prescott

at (214) 545-6986

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fee (S965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$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. SL PSL BLVD, 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.

2. Texas

State or Country of Formation

3. 03-19-2024

Date of Formation

4. Federal Employer Identification Number: Applied For

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

Capitol Corporate Services, Inc.

515 E. Park Avenue, 2nd Fl.

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.

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.
Signature of Registered Agent

7. Principal Office:

5950 Berkshire Lane, Suite 700

Dallas, TX 75225

8. Mailing Address:

5950 Berkshire Lane, Suite 700

Dallas, TX 75225

9. If limited partnership is a limited liability limited partnership, check box. ☐

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

Name of General Partner: SL PSL BLVD GP, LLC

Name of General Partner: _____

Street Address: 5950 Berkshire Lane, Suite 700

Street Address: _____

Dallas, TX 75225

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 20th day of March, 2024

s/ SL PSL BLVDE GP, LLC, Adam Schiller, Manager

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

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

H24000108096

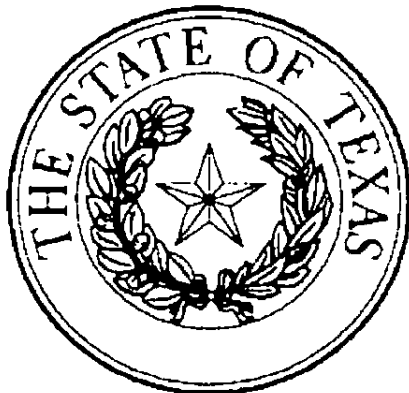
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SL PSL BLVD, LP (file number 805468965), a Domestic Limited Partnership (LP), was filed in this office on March 19, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 20, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State

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