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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

04/18/2024

Da	ite:	04/18/2024	- w: () W
		Acc#I20160000072	4: () = V
Name:	PS27 Titan	Fund, LP	
Document #:			
Order #:	15502509 -	10	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	□ 1. F □ 2.	Process GF Process LF	> >
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

COVER LETTER

TO: Registration Section Division of Corporations		
PS27 TITAN FUND 1 P		
SUBJECT:	ted Partnership or Limited	Liability Limited Partnership
The enclosed application, certificate of statu partnership to transact business in Florida. Please return all correspondence concerning		register a foreign limited partnership or limited liability limited
Jim Stallings		
Contact Person		_
Firm/Company	.	_
10739 Deerwood Park Blvd., Suite 200A		_
Address	•	_
Jacksonville, FL 32256		
City, State and Zip C	Code	_
jbs@ps27ventures.com		
E-mail address: (to be used for future ann	ual report notification)	_
For further information concerning this mat	tter, please call:	
Joshua Ehrenfeld	904 at (232-7210
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amou	nt:	
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fee and Certification Status	=	-
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Acceptable Limited	imited Partnership or Limited Liability Partnership suffixes: Limited Partnership,	Limited Partnership, which must include suffix Limited, L.P., LP, or Ltd, ited Liability Limited Partnership, L.L.L.P, or LL		
If name unavailable		p or limited liability limited partnership proposes nust contain acceptable suffix.	to register	to transact
2 Delaware		3. November 8, 2023		
St	ate or Country of Formation r Identification Number: 93-4347699	Date of Formation		
5. Name of Register CT Corporation Sys	red Agent for Service of Process and Floi tem	rida Street Address:		
1200 South Pine Isla	and Road	•		
Plantation, Fl 33324				
6. I hereby accept the of all statutes relamy position as reg	utive to the proper and complete performly sistered agent.	rer to act in this capacity. I further agree to comp not of new dailes, and I can familiar with and accep of Registered Agent	oly with the of the oblig	e provisions zations of
	·			
7. Principal Office:10739 Deerwood Pa		8. Mailing Address: 10739 Deerwood Park Blvd., Suite 200A	2024 NPR 	
Jacksonville, FL 322	256	Jacksonville, FL 32256	MFR 18	
	rship is a limited liability limited partne		/33 10: 2 -	:
Name of Genera	PS27 Titan Fund GP, LLC	Name of General Partner:	<u> </u>	
Street Address:	10739 Deerwood Park Blvd., Suite 200A	Street Address:		
	Jacksonville, FL 32256			
Mailing Address	10739 Deerwood Park Blvd., Suite 200A	Mailing Address:		
	Jacksonville, FL 32256			
Name of Genera	l Partner:	Name of General Partner:		
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 t Effective date cannot be pric	nan the date of filing: or to nor more than 90 days a)	ter the date this document is filed by the Florida Department of State.)
document's effective date on 12. Attached is a certificate o Florida Department of State,	the Department of State's rec f existence duly authenticated by the Secretary of State or of	plicable statutory filing requirements, this date will not be listed as the ords. In not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under
document's effective date on 12. Attached is a certificate of Florida Department of State, the law of which it is organiz	the Department of State's rec f existence duly authenticated by the Secretary of State or of ed.	ords. , not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under
document's effective date on 12. Attached is a certificate of Florida Department of State, the law of which it is organiz	the Department of State's rec f existence duly authenticated by the Secretary of State or of ed.	ords. , not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PS27 TITAN FUND, 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 EIGHTEENTH DAY OF APRIL, A.D. 2024.

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

Authentication: 203282331

Date: 04-18-24