ease 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.

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To:

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From:

Account Name : ANSBACHER & SCHNEIDER, PA

Account Number : 072647001172 Phone : (904)296-0100 Fax Number : (904)296-2842

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FLORIDA/FOREIGN LP/LLLP GOLDLEAF INVESTMENT FUND I, LP

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COVER LETTER

	 	}
TO: Registration Section: Division of Corporations		: • •
SUBJECT: GOLDLEAF INVESTMEN		:
Name of Foreign Limited Parts	nership or Limited Liability Limited Partnership	
	ces are submitted to register a foreign limited partnership or	limited liability limited
Michael N. Schneider, Esq.		
Contact Person		
Ansbacher, Schneider & Trager, P.A.		
Firm/Company		
5150 Belfort Road, Building 100		
Address		
Jacksonville. Florida 32256		•
City, State and Zip Code		:
mschneider@jaxlaw.com		•
E-mail address: (to be used for future annual report	(notification)	
For further information concerning this matter, please	e call:	
Michael N. Schneider, Esq.	at (904 .) 296-0100	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$1,000.00 Filing Fee and (\$965 Filing Fee and S35 Registered Agent Fee)	□\$1,052.50 Filing Fees and Certified Copy □\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
Malling 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	

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

TO TRANSACT BUSINESS IN FLORIDA GOLDLEAF INVESTMENT FUND I. LP

neceptable Limite	u Furmersnip suffixes: Limitea Partnersh	ity Limited Partnership, which must includ ip, Limited, L.P., LP, or Ltd. simited Liability Limited Partnership, L.L.L.P	; ;	
	blo, name under which the limited partners	hip or limited liability limited partnership pro must contain acceptable suffix.	poses to re	gister to transac
2. Delaware		. February 19, 2024		
	State or Country of Formation	Date of Formation		
4. Federal Emplo	yer Identification Number: 99-1666570			
	ered Agent for Service of Process and F		į	
	ider & Trager, P.A.	orium Street Addi (53):		
5150 Belfort Road	, Bldg. 100			
Jacksonville, Florie				
I heraby accept of all statutes re my position as re	rgistered agent, Apsbacher, Schnolder by Man Australia president	gree to act in this capacity. I further agree to ance of my duties, and I am familiar with and it, & Trager, PA lent. of Registered Agent	comply wit accept the	th the provision obligations of
444 Pasco Reyes Drive 4		8. Mailing Address:	į	
		444 Pasco Reyes Drive		2
St. Augustine, Florida 32095		St. Augustine, Florida 32095		7021 AF
1044			1 -	AF7.2
9. If limited partne	ership is a limited liability limited partn		:	2
10. Name, principa	al office address, and mailing address of	each general partner:	ļ,· .	
		Name of General Partner:	; · · ·	
	A.14 Passa Rayes Drive	Name of General Partner:	<u>::-</u>	<u>ယ</u> ယ
Street Address:	St. Augustine, Florida 32095	Street Address:		
Mailing Address: 444 Paseo I	444 Pauco Rouge Drive			*····-
	St. Augustine, Florida 32095	Mailing Address:	•	
N 60			•	
Name of Genera	l Partner:	Name of General Partner:		
	l Partner:		:	
		Street Address:		

Page 1 of 2

Name of Coursel Barrer		:
Name of General Partner:	Name of General Partner:	:
Street Address:	Street Address:	
Mailing Address:		:
11. Effective date, if other than the date of filing: February 19, 202 (Effective date cannot be prior to nor more than 90 days after the da Note: If the date inserted in this block does not meet the applicable a document's effective date on the Department of State's records. 12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized.	the this document is filed by the Florida Distantory filing requirements, this date will than 90 days prior to the delivery of this all having custody of the entity's records in	pot be listed as the
Signed this 22 Nd day of April	20 24	:
Goldleaf General Pa	rtners I. LLC	
By Matty Isola	KKY Menager	
Signature of a	general partner	:
The individual signing this document affirms that the facts stated here submitted in a document to the Department of State constitutes a third	ein are true and the individual is aware the d degree felony as provided for in s.817,1.	t false information 55. F.S.

Page 2 of 2

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GOLDLEAF INVESTMENT FUND I, 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 ELEVENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLDLEAF INVESTMENT FUND I, LP" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2024.

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

3127201 8300 SR# 20241406971 at corp delawa e gry/author d

Authentication: 203229574

Date: 04-11-24