

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

1. DI OC RELEAF 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. Delaware State or Country of Formation 3. May 7, 2024 Date of Formation

4. Federal Employer Identification Number: 99-3075933

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

Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach, FL 33408, Palm Beach County

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.

Signature of Registered Agent Joanna Fernandez, Special Secretary

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 24 MAY 28 PM 3:46

7. Principal Office: One Sarasota Tower 2 N. Tamiami Trail, Suite #204 Sarasota, FL 34236

8. Mailing Address: One Sarasota Tower 2 N. Tamiami Trail, Suite #204 Sarasota, FL 34236

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: Realty Lease Finance Corporation Name of General Partner: Street Address: 2 N. Tamiami Trail, Suite #204 Sarasota, FL 34236 Mailing Address: 2 N. Tamiami Trail, Suite #204 Sarasota, FL 34236

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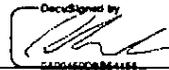
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 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 22nd day of May, 2024

DecuSigned by

 042046020804488

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "D1 OC RELEAF 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D1 OC RELEAF LP" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2024.

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



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20242528064

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203569179

Date: 05-28-24