## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

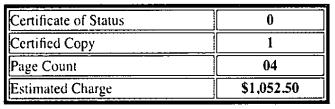
From:

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

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Email Address:

## FLORIDA/FOREIGN LP/LLLP M1 CW RELEAF LP



Electronic Filing Menu Corporate Filing Menu

Help

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

Acceptable Limited 1	imited Partnership or Limited Liabit Partnership suffixes: Limited Partnersh	lity Limited Partnership, which must inclu hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.					
If name unavailable		ship or limited liability limited partnership p a; must contain acceptable suffix.	roposes to re	egister to	transact		
, Delaware		3 May 7, 2024					
	ate or Country of Formation	Date of Formatio	n				
4. Federal Employe	r Identification Number: 99-3146551						
	ed Agent for Service of Process and						
801 US Highway 1	······						
North Palm Beach, I	FL 33408, Palm Beach County						
6. I hereby accept th of all statutes rela my position as reg	ntive to the proper and complete perform	agree to act in this capacity. I further agree mance of my duties, and I am familiar with a sandaz Joanna Fernandez, Specia re of Registered Agent	nd accept the	vith the pa e obligati	rovision: ions of		
7. Principal Office:		8. Mailing Address:					
One Sarasota Tower	•	One Sarasota Tower					
2 N. Tamiami Trail.	Suite #204	2 N. Tamiami Trail, Suite #204	. 20				
Sarasota, FL 34236		Sarasota, Fl. 34236	2024 HAY	i d			
9. If limited partne	rship is a limited liability limited par	tnership, check box.	<u>.</u>	Y 29			
10. Name, principa	l office address, and mailing address	of each general partner:	က-	PM			
Name of Genera	Realty Lease Finance Corpora	ation Name of General Partner:	m.	<u>ئ</u> 	O		
Street Address:	2 N. Tamiami Trail, Suite #204	Street Address:	[1] [m]	36			
Succi Addiess.	Sarasota, FL 34236	0.000					
Mailing Address	2 N. Tamiami Trail, Suite #204	Mailing Address:					
<b>.</b>	Sarasota, FL 34236						
Name of Genera		Name of General Partner:					
Street Address:		Street Address:		·····	P <del></del>		
Mailing Address	;	Mailing Address:					

## Page 1 of 2

Name of General Partner:	Name of General Partner:				
Street Address:	Street Address:				
Mailing Address:	Mailing Address:				
	s after the date this document is filed by the Florida Department of State.) e applicable statutory filing requirements, this date will not be listed as the				
	sted, not more than 90 days prior to the delivery of this application to the rother official having custody of the entity's records in the jurisdiction under				
Signed this 22nd day of May	.20 24				
	Considerated by				
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

Page 2 of 2



Page 1

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

DELAWARE, DO HEREBY CERTIFY "M1 CW 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 "M1 CW 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. Bulleck, Secretary of State

Authentication: 203569222