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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer | | | | | |
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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

06/03/2024

Date:

Ref#

| | | Acc#I20160000072 | 4: () = V | | | |
|--|-------------------------------|---|--|--|--|--|
| Name: | LJM Rodzina | LJM Rodzina Equities LP | | | | |
| Document #: | | | | | | |
| Order #: | 15603389 | | | | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | _ | | | | |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | | | | |
| Filing: 🗸 | Certified: Plain: COGS: | √ | Email Address for Annual Report Notification | | | |
| Availability Document Examiner Updater Verifier W.P. Verifier | Amount: \$ | 1052.50 | | | | |

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

| Acceptable Limited Pa | nited Partnership or Limited Liabi artnership suffixes: Limited Partnersh | hip, Limi | ited Partnership, which must include suffix) ted, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L.P. or LLLF | - •. | |
|--|--|-------------------------|---|---|--|
| If name unavailable, | name under which the limited partner business in Florid | rship or l a; must o | imited liability limited partnership proposes to contain acceptable suffix. | register to transact | |
| 2 Delaware | | 3. November 6, 2023 | | | |
| Sta | te or Country of Formation | | Date of Formation | _ | |
| 4. Federal Employer | Identification Number: | | | | |
| 5. Name of Registere | d Agent for Service of Process and | Florida | Street Address: | | |
| Stephen M Dowicz | | | | | |
| 2738 Tiburon Boulev | ard East, Building B, Unit #201 | | | | |
| Naples FL, 34109 | | | | | |
| 6. I hereby accept the of all statutes relat my position as regi | ive to the proper and complete perfy | l agree to mance o | o act in this capacity. I further agree to comply f my duties, and I am familiar with and accept t | with the provisions the obligations of | |
| | Signatu | ire of Re | gistered Agent | ~) | |
| 7. Principal Office: 8. M | | ailing Address: | 7024 J | | |
| 2738 Tiburon Boulevard East 273 | | 2738 | Tiburon Boulevard East | _ ' : , | |
| Building B, Unit #201 Build | | ding B, Unit #201 | . ် ယ | | |
| Naples FL, 34109 Nap | | Nap | les FL, 34109 | _ = | |
| 9. If limited partner | ship is a limited liability limited pa | rtnershi | p, check box. | بو | |
| 10. Name, principal | office address, and mailing address | s of each | general partner: | ÷ .⊼ | |
| I IM Padaina Co. LLC | | | Name of General Partner: | | |
| Street Address: | 2738 Tiburon Boulevard East, Building B, Unit #201, Naples FL, 34109 | | Street Address: | | |
| | | | | | |
| Mailing Address: | | | | | |
| Name of General | Partner: | | Name of General Partner: | | |
| Street Address: | | Street Address: | | | |
| Mailing Address: | | | Mailing Address: | | |

Page 1 of 2

| Name of General Partner: | | Name of General Partner: | |
|---|--|--|--|
| | | | |
| Mailing Address: | | Mailing Address: | |
| 11. Effective date, if other than the (Effective date cannot be prior to not Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet the applicable | date this document is filed by a statutory filing requirements | the Florida Department of State.), this date will not be listed as the |
| 12. Attached is a certificate of exister Florida Department of State, by the S the law of which it is organized. | nce duly authenticated, not m Secretary of State or other off | ore than 90 days prior to the de icial having custody of the enti | elivery of this application to the ity's records in the jurisdiction under |
| Signed this 21 | day of May | ,20 | |
| | Stell | 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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Page 1

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

DELAWARE, DO HEREBY CERTIFY "LJM RODZINA EQUITIES 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 THIRTY-FIRST DAY OF MAY, A.D. 2024.

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



Jeffrey W. Daffoch, Secretary of State

Authentication: 203606174