V24, 9.17 AM Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107

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: (561)214-8442

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FLORIDA/FOREIGN LP/LLLP

Leo@Space Coast Investors, LP

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COVER LETTER

TO: Registration Section Division of Corporations		
Leo@Space Coast Investors	. LP	
SUBJECT:	nited Partnership or Limited	Liability Limited Partnership
The enclosed application, certificate of st partnership to transact business in Florida Please return all correspondence concerning.	ı.	register a foreign limited partnership or limited liability limited
Contact Perso	 on	_
Torres Law, P.A.		
Firm/Compai	 ıy	-
888 Southeast Third Avenue, Suite 400		
Address		_
Fort Lauderdale, Florida 33316		
City, State and Zip	Code	
ozzle@torreslaw.net		
E-mail address: (to be used for future as	nual report notification)	_
For further information concerning this m	atter, please call:	
Osvaldo F. Torres	at (754	300-5815
Name of Contact Person	Area Code a	nd Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)	_	
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Leo@Space Coas	t Investors, LP		
(Name of 1 Acceptable Limited	imited Partnership or Limited Liabil Partnership suffixes: Limited Partnersh	ity Limited Partnership, which must include suffix) sip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable		ship or limited liability limited partnership proposes to rea; must contain acceptable suffix.	Egister to transact
2. Delaware			_
S	tate or Country of Formation	Date of Formation	
4. Federal Employe	er Identification Number:		
5. Name of Register Torres Law, P.A.	red Agent for Service of Process and F	Florida Street Address:	
888 Southeast Third	d Avenue, Suite 400		
Fort Lauderdale, Flo	orida 33316		
	ative to the proper and complete perform gistered agent. <u>/s/ Osvaldo F. To</u>		
· · · · · · · · · · · · · · · · · · ·	•	re of Registered Agent	5.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3
17501 Biscayne Boulevard 1750		8. Mailing Address:	RY OF
		17501 Biscayne Boulevard	FORA PORA
		Suite 300	
Aventura, Florida 3	3160	Aventura, Florida 33160	· · · · · · · · · · · · · · · · · · ·
9. If limited partne	ership is a limited liability limited part	tnership, check box. 🗆	
10. Name, principa	al office address, and mailing address	of each general partner:	
Name of Genera	Advenir Leo GP, Inc.	Name of General Partner:	
	17501 Biscayne Boulevard, Suite 300	Court Address	·· ·
Street Address:	Aventura, Florida 33160	Street Address:	
Mailing _t Addres	17501 Biscayne Boulevard, Suite 300	Mailing Address:	
, .	Aventura, Florida 33160		
Name of Genera	al Partner:	Name of General Partner:	
Street Address:		Street Address:	
ι <u>'</u> .			

Mailing Address: _____ Mailing Address: _____

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Page	1	~	r	3
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Name of General Partner:		Name of General Partner:
Street Address:		Street Address:
		Mailing Address:
11. Effective date, if other than t (Effective date cannot be prior to r Note: If the date inserted in this bl document's effective date on the D	lock does not meet the ap	fier the date this document is filed by the Florida Department of State opplicable statutory filing requirements, this date will not be listed as toords.
12. Attached is a certificate of exis Florida Department of State, by the law of which it is organized.	stence duly authenticated e Secretary of State or o	d, not more than 90 days prior to the delivery of this application to the ther official having custody of the entity's records in the jurisdiction
Signed this 24th	day of	.20
Signed this	/s/ Steph	en L. Vecchitto
Signed this 24th	/s/ Steph	
The individual signing this docume	/s/ Stephe Sign ent affirms that the facts	en L. Vecchitto
The individual signing this docume submitted in a document to the De Filing Fees: Certified Copy	/s/ Stephe Sign ent affirms that the facts partment of State constit	en L. Vecchitto ature of a general partner stated herein are true and the individual is aware that false informati

Page 2 of 2

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1.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LEO@SPACE COAST INVESTORS, 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-FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEO@SPACE COAST INVESTORS, LP" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2024.

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

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19:

3796736 8300 SR# 20242967028



Authentication: 203781295

Date: 06-24-24