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(Requestor's Name)

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(City/State/Zip/Phone #)

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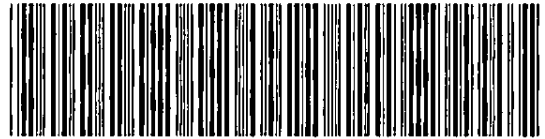
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCHC Fund VI, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Nicole Buth

Contact Person

Community Capital Holdings, Corp.

Firm/Company

15951 SW 41st Street, Suite 800

Address

Davie, Florida 33331

City, State and Zip Code

nicole@comcapholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Buth

at (954) 947-1232

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

☒ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing 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**

1. CCHC Fund VI, 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. July 16, 2024

Date of Formation

4. Federal Employer Identification Number: 99-4191419

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

Joseph B. Heimovics, PA

15951 SW 41st Street, Suite 800

Davie, Florida 33331

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

7. Principal Office:

15951 SW 41st Street, Suite 800

Davie, Florida 33331

8. Mailing Address:

15951 SW 41st Street, Suite 800

Davie, Florida 33331

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: Community Capital Holdings, Corp.

Name of General Partner: _____

Street Address: 15951 SW 41st Street, Suite 800

Street Address: _____

Davie, Florida 33331

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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 1 day of August, 2024



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

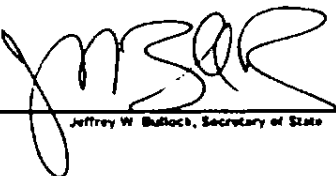
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCHC FUND VI, 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 EIGHTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCHC FUND VI, LP" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2024.

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



Jeffrey W. Bullock, Secretary of State

4273196 8300

SR# 20243171168

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

Authentication: 203953571

Date: 07-18-24

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF "CCHC FUND
VI, LP", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JULY,
A.D. 2024, AT 3:52 O`CLOCK P.M.*




Jeffrey W. Bullock, Secretary of State

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
CCHC FUND VI, LP**

This Certificate of Limited Partnership of CCHC Fund VI, LP is being duly executed and filed by Community Capital Holdings, Corp., a Florida corporation, as general partner, to form a limited partnership pursuant to Section 17-201 of the Delaware Revised Uniform Limited Partnership Act, and the undersigned does hereby certify as follows:

1. Name. The name of the limited partnership is CCHC Fund VI, LP (the "Partnership").

2. Registered Agent and Registered Office. The registered office in the State of Delaware is 850 New Burton Road, Suite 201, Kent County, Dover, Delaware 19904. The name of the registered agent at such address is Cogency Global Inc.

3. General Partner. The name and mailing address of the general partner is as follows:

Community Capital Holdings, Corp.
15951 SW 41st Street, Suite #800b
Davie, Florida 33331

4. Duration. The Partnership shall not have a specific effective date of dissolution, and the existence of the Partnership shall be perpetual subject to the terms and conditions of the Partnership's agreement of limited partnership as may be in effect from time to time.

5. Effectiveness. This Certificate of Limited Partnership shall be effective as of the date registered by the Delaware Department of State, Division of Corporations.

[Balance of page intentionally left blank; signature page follows.]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership as of the 16 day of July 2024.

GENERAL PARTNER:

COMMUNITY CAPITAL HOLDINGS, CORP.,
a Florida corporation

By: _____

Name: Jay Jacob

Title: President