

B24000000269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

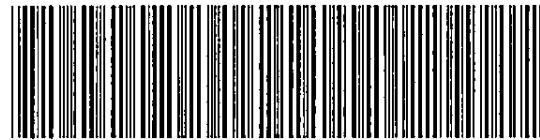
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. Brumley
AUG 21 2024
K. Brumley

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 572771 4307875

AUTHORIZATION : 

COST LIMIT : \$ 1061.25

ORDER DATE : August 1, 2024

ORDER TIME : 12:33 PM

ORDER NO. : 572771-010

CUSTOMER NO: 4307875

FOREIGN FILINGS

NAME: FIVF-III-BX-FL LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVF-III-BX-F1 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:

Adir Levitas

Contact Person

Faropoint Ventures, LLC

Firm/Company

111 River Street, Suite 1010

Address

Hoboken, NJ 07030

City, State and Zip Code

adir@faropoint.com

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

For further information concerning this matter, please call:

Adir Levitas at (470) 220-3113
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fee \$1,008.75 Filing Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fee,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status and Certificate of Status
Fee)

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. FIVF-III-BX-FL 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

3. July 8, 2024

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 99-4115564

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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.

AJ

Signature of Registered Agent

7. Principal Office:

111 River Street, Suite 1010

8. Mailing Address:

111 River Street, Suite 1010

Hoboken, NJ 07030

Hoboken, NJ 07030

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: FIVF Property BX GP, LLC

Name of General Partner: _____

Street Address: 111 River Street, Suite 1010

Street Address: _____

Hoboken, NJ 07030

2024 AUG 21 AM 10:13
APR 1997
FAXED

Mailing Address: 111 River Street, Suite 1010

Mailing Address: _____

Hoboken, NJ 07030

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

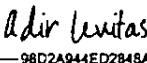
Street Address: _____ Street Address: _____

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 30th day of July, 20 24

DocuSigned by:

98D2A944ED2848A...
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

Page 1

The First State

**I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FIVF-III-BX-FL 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 FIRST DAY OF AUGUST, A.D. 2024.**

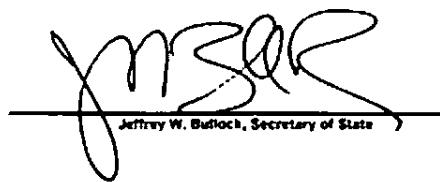
**AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIVF-III-BX-FL
LP" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2024.**

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

4160062 8300

SR# 20243302845

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



Jeffrey W. Bullock, Secretary of State

Authentication: 204067839

Date: 08-01-24