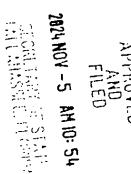
## B24000000339

	(Requestor's Name)	
	(Address)	<del></del> -
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

Office Use Only



900439048219





iny \_5 2024 K Brumbley CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 750515 4307875

AUTHORIZATION :

COST LIMIT : \$ 1061.25 (A)

ORDER DATE: November 4, 2024

ORDER TIME : 2:30 PM

ORDER NO. : 750515-020

CUSTOMER NO: 4307875

## FOREIGN FILINGS

NAME: FIVF-III-FL8 LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_ CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

	COVER LETTER
то:	Registration Section Division of Corporations
SUBJ	T: FIVF-III-FL8 LP
	Name of Foreign Limited Partnership or Limited Liability Limited Partnership
partne	osed application, certificate of status and fees are submitted to register a foreign limited partnership or nip to transact business in Florida. eturn all correspondence concerning this matter to:
Adir t	vitas
	Contact Person
Farop	int Ventures, LLC
	Firm/Company
111 F	ver Street. Suite 1010

Hoboken, New Jersey 07030

City, State and Zip Code

Address

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

limited liability limited

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

FIVF-III-FL8 LP		
(Name of Limited Partnership or Limited I Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffix		,
If name unavailable, name under which the limited pa business in F	artnership or limited liability limited partnership lorida; must contain acceptable suffix.	proposes to register to transact
<sub>2</sub> Delaware	3. 10/9/2024	
State or Country of Formation	Date of Formati	0 <b>n</b>
4. Federal Employer Identification Number. 33-174	7719	
5. Name of Registered Agent for Service of Process		
Corporation Service Company		
1201 Hays Street		
Tallahassee, FL 32301		
6. I hereby accept the appointment as registered agent of all statutes relative to the proper and complete peny position as registered agent.	erformance of my duties, and I am familiar with a	
Sig	nature of Registered Agent	<b>2</b>
7. Principal Office:	8. Mailing Address:	<b>824</b>
111 River Street, Suite 1010	111 River Street, Suite 1010	
Hoboken, New Jersey 07030	Hoboken, New Jersey 07030	FILED FILED
9. If limited partnership is a limited liability limited	I partnership, check box. □	AM 10: 51
10. Name, principal office address, and mailing add		• • • • • • • • • • • • • • • • • • •
Name of General Partner:	Name of General Partner: FIVF F	Property GP, LLC
Street Address:	Street Address: 111 River Stre	et, Suite 1010
		w Jersey 07030
Mailing Address:	111 Piver Stre	eet, Suite 1010
	Hoboken, Nev	v Jersey 07030
Name of General Partner:		
Street Address:	Street Address:	
·		
Mailing Address:		

## Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not me document's effective date on the Department of State. Attached is a certificate of existence duly auth Florida Department of State, by the Secretary of State law of which it is organized.	enticated, not more than 90 days prior to the delivery of this application to the tate or other official having custody of the entity's records in the jurisdiction under
Signed this 3rd day of 80	ovember .20 24
	OccuSigned by:
, A2	dir Levitas
٠٩	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 te 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): Certificate of Status (optional)	

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FIVF-III-FL8 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 FOURTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIVF-III-FL8 LP"
WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204793795

Date: 11-04-24

5482307 8300 SR# 20244124230