Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Divisio	n of	Corpora	tions
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Fax Number

To:

: (850)617-6383

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future.

annual report mailings. Enter only one email address please.**

Email Address:_

024 NOV 25 AM 11:

FLORIDA/FOREIGN LP/LLLP 2121 HEILIG, LP

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H24000390629

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	ECT: 2121 Heilig, LP						
SCHOL		gn Limited Partne	rship or Limited Lie	ability Lim	iited Partnership	<u>-</u>	
partner	closed application, certificat whip to transact business in F return all correspondence co	lorida.		egister a fo	reign limited pa	rtnership or limit	ed liability limited
	Contac	t Person					
	Firm/C	ompany					
	Add	dress					
	City, State a	nd Zip Code					
AMig	nogna@primerockencap.com)					
E-ma	ul address: (to be used for fu	ture annual report	notification)				
For fur	ther information concerning	this matter, please	call:				
			at ()				
	Name of Contact Person		Area Code and	Daytime	Telephone Num	ber	
Enclos	ed is a check for the following	ng amount:					
(\$9	5 Registered Agent Statt	Certificate of	\$1,052.50 Filin and Certified C		\$1,061.25 Filir Certified Copy Certificate of S	, and	
Registr Division Clifton 2661 E	et ADDRESS: ration Section on of Corporations Building executive Center Circle assee, FL 32301		MAILING ADDR Registration Section Division of Corpor P. O. Box 6327 Tallahassee, FL 32	n ations			

H24000390629

H24000390629

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

1. 2121 Heilig, LP		le II le IV-ee			
Acceptable Limited .	Partnership suffixes: Limited Partnersh	ity Limited Partnership, which must in hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.			
If name unavailable		ship or limited liability limited partnersha; must contain acceptable suffix.	ip proposes to re	gister 1	to transact
, Delaware		3. November 14, 2024			
So	tate or Country of Formation	Date of Form	ation		
4. Federal Employe	er Identification Number: 33-1999603				
	red Agent for Service of Process and I	Florida Street Address:			
2755 East Oakland	Park Blvd Ste 200				
Ft. Lauderdale, FL	33306				
	ative to the proper and complete perform gistered agent. By: /s/Michael O'N	agree to act in this capacity. I further as nance of my duties, and I am familiar wi leill re of Registered Agent			
7. Principal Office:	•	8. Mailing Address:			
7. Principal Office: 2755 East Oakland Park Blvd Stc 200		P.O. Box 508		202ւ	
Ft. Lauderdale, FL 33306		Wayne, PA 19087		2024 NOV	2
				125	FEA.
9. If limited partne	ership is a limited liability limited part	tnership, check box.	1,11	AH	
10. Name, principa	al office address, and mailing address	of each general partner:	ران مصر محمد محمد المحمد	=	••
Name of Genera	ul Partner: 2121 Heilig GP, LLC	Name of General Partner:	: = :	ť3	
2755 East Oakland Park Blvd Ste 200 Street Address:		Street Address:			
Silver Fiduless.	Ft. Lauderdale, FL 33306		-		
Mailing Address	P.O. Box 508	Mailing Address:			
.viating rouses.	Wayne, PA 19087	realing reducess.		_	
Name of Genera	il Partner:	Name of General Partner:			
Street Address:		Street Address:			
Mailing Address	s:	Mailing Address:			
		Page 1 of 2			

FL047 - 6/25/2019 Wolters Klower Online

Filing Fees:

Certifled Copy (optional):

Certificate of Status (optional):

H24000390629

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 the law of which it is organized.	e or other official having custody of the entity's records in the jurisdiction under				
Signed this day of	ber,20 ²⁴				
/ 少 Mi	chael O'Neill				
Signature of a general partner					
	e facts stated herein are true and the individual is aware that false information constitutes a third degree felony as provided for in s.817.155, F.S.				

Page 2 of 2

\$52.50

\$8.75

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

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2121 HEILIG, 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-SECOND DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2121 HEILIG, LP" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

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

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

Authentication: 204952671

Date: 11-22-24

H24000390629