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K. Brumbley



November 18, 2024

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: TOLLESON CK, L.P. Ref. Number: W24000154407

We have received your document for TOLLESON CK, L.P. and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

File Second-please reprocess.

Thenk gov!

Letter Number: 424A00025205

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#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/18/2024

NAME:

TOLLESON CK, L.P.

TYPE OF FILING: APPLICATION

COST:

1,000 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNTEERCATOOOOOO

AUTHORIZATION: ABBIE/PAULHODGE

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA TOLLESON CK, L.P. (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. State or Country of Formation 4. Federal Employer Identification Number. 20-8677641 5. Name of Registered Agent for Service of Process and Florida Street Address: GKL Registered Agents, Inc. 28089 Vanderbilt Dr Suite 201 Bonita Springs, FL 34134 6. Thereby 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. Sarina Lish Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 221 Pine Street, 4th Floor 221 Pine Street, 4th Floor San Francisco, CA 94104 San Francisco, CA 94104 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: Skyline Pacific Properties, Inc. Name of General Partner:\_\_\_\_\_ 221 Pine Street, 4th Floor Street Address: Street Address: San Francisco, CA 94104 221 Pine Street, 4th Floor Mailing Address: Mailing Address:\_\_\_\_\_\_ San Francisco, CA 94104 Name of General Partner:\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_\_ Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: Mailing Address:

#### Page 1 of 2

Name of General Partner	ï <u></u>	Name of General Partne	cr:
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted in t			by the Florida Department of State.) nts, this date will not be listed as the
	-		e delivery of this application to the entity's records in the jurisdiction under
Signed this	day of	,20	
	4	of a general partner	<del></del>

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):

tined Copy (optional): 332.

Certificate of Status (optional):

\$52.50

\$8.75

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## STATE OF ARIZONA

### Department of State



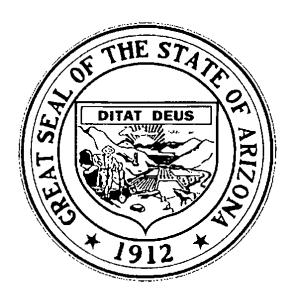
#### LIMITED PARTNERSHIP CERTIFICATION

Issued on 11/15/2024

I, Adrian Fontes, Secretary of State, do hereby certify that TOLLESON CK, L.P. with file number 2022195 was filed as a Limited Partnership on 11/14/2006.

ARIZONA STATUTORY AGENT, LLC 300 WEST CLARENDON AVENUE SUITE 240 PHOENIX AZ 85013-

7/25/2011 Amendment 11/14/2006 Application



Registration Date: 11/14/2006

Date First Used:

Limited Partnership No.: 2022195

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at Phoenix, the capitol, this 15 day of November, 2024.

ADRIAN FONTES