Division of Corporations

11 AM

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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(((H25000059876 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338

Fax Number

: (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

keri.grant@kirkland.com

FLORIDA/FOREIGN LP/LLLP 4150 S Pipkin Rd Owner, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

FEB 1 7 2025



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

L. 4150 S Pipkin Rd Owner, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Parmership suffixes: Limited Parmership, 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 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 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 C T Corporation System my position as registered agent. Nick Bullery Signature of Registered Agent: 8. Mailing Address: 7. Principal Office: 591 West Putnam Avenue 591 West Putnam Avenue Greenwich, Connecticut 06830 Greenwich, Connecticut 06830 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: 4150 S Pipkin Rd Owner GP, L.L.C. Name of General Partner: Name of General Partner: 591 West Putnam Avenue Street Address: Street Address: Greenwich, Connecticut 06830 Mailing Address: Mailing Address: Name of General Partner: Name of General Partner: Street Address: _____ Street Address: ____ Mailing Address: _____ Mailing Address: _____

	FILED	
	Manual Community Print 3: 56	
Name of General Partner:	Name of General Partner: ALLAHAGALE TOOMS	
Street Address:		
Mailing Address:	Mailing Address:	
11. Effective date, if other than the date of filing: 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 mor Florida Department of State, by the Secretary of State or other officithe law of which it is organized.		
Signed this 12th day of February	.20 25	

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.

Signature of a general partner

Filing Fees:

Page: 4 of 5

\$1.000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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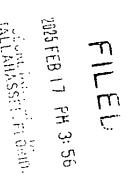


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From: Daylen Platt

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4150 S PIPKIN RD OWNER, L.P." 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2025.

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





Charuni Patibanda-Sanchez, Secretary of State Authentication: 202935147

C. G. Sanchez

Date: 02-14-25