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S. HAWKES OCT _ = 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 169329 5041943

AUTHORIZATION :

COST LIMIT : (\$\125.00

ORDER DATE: October 26, 2021

ORDER TIME : 2:42 PM

ORDER NO. : 169329-005

CUSTOMER NO: 5041943

FOREIGN FILINGS

NAME: FOUNDATION PARTNERS GROUP II,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:

Registration Section

Divisi	on of Corporations	
SUBJECT: _	oundation Partners Group II, LLC	
	Nam	e of Limited Liability Company
The enclosed "Z Existence, and o	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate o referenced foreign limited liability company to transact business in Florida
Please return al	l correspondence concerning this matter t	o the following:
	Jessica Hansbury	
		Name of Person
	Foundation Partners Group II, LLC	
		Firm/Company
	4901 Vineland Road, Suite 300	
		Address
	Orlando, Florida 32811	
	С	ity/State and Zip Code
	E-mail address: (to be	used for future annual report notification)
For further infor	mation concerning this matter, please cal	l:
_	Name of Contact Person	at ()Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallah	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please n	d is a check for the following amount: nake check payable to: FLORIDA DEP: .00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of whith the law of	· · · · · · · · · · · · · · · · · · ·	3. FEI number, (FEI number, penalty liability) 4901 Vineland Road, Suite (Mailing Address)	300		
10/01/2021 4901 Vineland Road, et Address of Principal Office)	(Date first transacted business in Florida, if prior to rej (See sections 605,0904 & 605,0905, F.S. to determine Suite 300	(FEI number, (Instraction) (Instraction) (Instraction) (Instruction) (Instruc	300		
4901 Vineland Road,	Suite 300	4901 Vineland Road, Suite	300		
et Address of Principal Office)	Suite 300	4901 Vineland Road, Suite	300		
t Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	6. (Mailing Address)	300		
		6. (Mailing Address)			
Orlando, Florida 3281	4	•	 ·	_	
	1	Orlando, Florida 32811			
Name:	Corporation Service Company		2021 55 ⁻⁵ :		
Office Address:	1201 Hays Street		OCT 26 PI		
	Tallahassee	32301 , Florida		3	
-	(Cny)	(Zip code)		Ţ	
istered agent's accepta	stered agent and to accept service of pro	cess for the above stated limited liab egistered agent and agree to act in t	bility company at	the p	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Thomas M. Kominsky William Kent Robertson ■Manager **■** Manager Address: 4901 Vineland Road Address: _ □Member □Member Suite 300 Suite 300 ☐ Authorized □ Authorized Orlando, Florida 32811 Orlando, Florida 32811 Person Person □Other____ Other □Other_____ □Other____ □ Manager Name: _____ Name: □Member Address: ☐ Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other____ □Other □Other □Other____ □ Manager Name: _____ □Manager Name: _____ ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other___ Other____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any 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 an authorized person

Typed or printed name of signee

W. Kent Robertson

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

DELAWARE, DO HEREBY CERTIFY "FOUNDATION PARTNERS GROUP II, LLC" 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-SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUNDATION PARTNERS GROUP II, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.

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



Authentication: 204514173

Date: 10-26-21