

M23000012827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

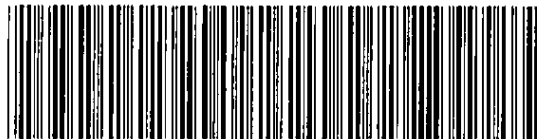
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Certified Copies _____

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2023 OCT - 5 AM 7:19

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2023 OCT - 5 AM 11:13

11.11.2023
11.11.2023

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 5 2023

K. Brumblay

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 046976 4304777
AUTHORIZATION : *Eylien Baker*
COST LIMIT : \$ 155.00

ORDER DATE : October 4, 2023
ORDER TIME : 9:01 AM
ORDER NO. : 046976-010
CUSTOMER NO: 4304777

FOREIGN FILINGS

NAME: EIP IV CRYSTAL RIVER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EIP IV Crystal River, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nelly Perkins

Name of Person

Ecosystem Investment Partners, LLC

Firm/Company

5550 Newbury Street, Suite B

Address

Baltimore, MD 21209

City/State and Zip Code

nelly@ecosystempartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelly Perkins

443

921-9941

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. EIP IV Crystal River, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5550 Newbury Street
(Street Address of Principal Office)

6. 5550 Newbury Street
(Mailing Address)

Suite B

Suite B

Baltimore, MD 21209

Baltimore, MD 21209

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2023 OCT -5 AM 7:19
CLERK OF CIRCUIT COURT
JANUARY 11, 2023

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby 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.

Eyleina Bahar
Assistant Vice President
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: EIP IV Credit Co., LLC
<input checked="" type="checkbox"/> Member	Address: 5550 Newbury Street
<input type="checkbox"/> Authorized	Suite B
Person	Baltimore, MD 21209
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Nicholas H. Dilks</u>
<input type="checkbox"/> Member	Address: <u>5550 Newbury Street</u>
<input type="checkbox"/> Authorized	<u>Suite B</u>
Person	<u>Baltimore, MD 21209</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☒ Manager Name: Heath Rushing

☐ Member Address: 5550 Newbury Street

☐ Authorized Suite B

Person Baltimore, MD 21209

☐ Other _____ ☐ Other _____

☒ Manager Name: Adam Davis

☐ Member Address: 5550 Newbury Street

☐ Authorized Suite B

Person Baltimore, MD 21209

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

/s/ Nicholas H. Dilks

Signature of an authorized person

Nicholas H. Dilks, Manager

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EIP IV CRYSTAL RIVER, 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 FIFTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EIP IV CRYSTAL RIVER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

2389598 8300

SR# 20233660264

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

Authentication: 204311664

Date: 10-05-23