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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

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FLORIDA/FOREIGN LP/LLLP
ELS Opportunities LP

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2024 APR -1 PM 1:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 APR -1 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FL

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

ELS Opportunities LP

1. _____
(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.P., or LLP.

2. **12000 Biscayne Blvd., Suite 400, Miami, FL 33181**

(Street address of initial designated office)

3. **Vcorp Agent Services, Inc.**

(Name of Registered Agent for Service of Process)

4. **1200 South Pine Island Road**

(Florida street address for Registered Agent)

Plantation, FL 33324

5. *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.*

Mimi Sanik, Secretary

Signature of Registered Agent

6. **12000 Biscayne Blvd., Suite 400, Miami, FL 33181**

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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8. Name and business address of each general partner:

Name:Business Address:

ELS MANAGEMENT LLC

12000 Biscayne Blvd., Suite 400,

Miami, FL 33181

9. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date the 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.

Signed this 30th day of May, 2024

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.


 Gabriel Sultan, Manager of
 ELS MANAGEMENT LLC, GP

Filing Fees: \$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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