B23000000373

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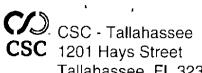


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2023 NOV 17 PH 4: 37

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RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 11/17/23 Order #: 1319947-1

Re: Duvalla Mhc Fund, LP. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1,052.50 FL State Account Number: 12000000195

AUTH:

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

issur Certified Oppy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporat	ions				
SUBJI			alla MHC Fund, L	.Р		
30D31		Foreign Limited Partne	ership or Limited I	iability	Limited Partnership	
partner	closed application, certship to transact busines return all corresponder	ss in Florida.		register	a foreign limited partnership	or limited liability limited
	E	rica Navarro				
	C	ontact Person		_		
	Greer	berg Traurig LLP				
	F	irm/Company		-		
	77 W. Wa	icker Drive, Ste 3100)			
		Address		-		
	Chi	cago, IL 60601				
	City, S	tate and Zip Code		-		
	nava	rroe@gtlaw.com				
E-ma	nil address: (to be used	for future annual repor	t notification)	-		
For fur	ther information conce	rning this matter, pleas	e call:			
	Erica Nav	zarro .	312)	978-7395	
Name of Contact Person			Area Code and Daytime Telephone Number			•
Enclos	ed is a check for the fo	llowing amount:				
(\$9	965 Filing Fee and 5 Registered Agent	\$1,008.75 Filing Fees and Certificate of Status	☐\$1,052.50 Filist and Certified		■\$1,061,25 Filing Fee, Certified Copy, and Certificate of Status	
	Mailing Address: Registration Sect			Regist	Address: tration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Duvalla MHC Fund, LP

l(Name of Limi Acceptable Limited Part Acceptable Limited Liab	nership suffixes: I	Limited Partnership,	Limited Partnershi Limited, L.P., LP, or			_	
If name unavailable, na			p or limited liability l	imited partnership propole suffix.	oses to i	– egister t	o transact
2.	Delaware		3 !	November 9, 2023			
State	or Country of Fo	rmation	_	Date of Formation		_	
4. Federal Employer Id	lentification Num	ber:					
5. Name of Registered a	Agent for Service	of Process and Flo	rida Street Address:				
Ken Schlitt – Ke	eating & Schlitt, F	P.A.					
250 East Cold	onial Ave Suite 3	00					
Orlando,	Florida	32801					
6. I hereby accept the ap of all statutes relative my position as registed	to the proper and	complete performate /s/ Ken Sch	nce of my duties, and	city. I further agree to a I am familiar with and a	comply s sccept th	with the per obligation 2023 NOV	provisions utions of
7. Principal Office:			8. Mailing Address:			10k	
465 S Orla	ndo Ave, #21	3	465 S Orlando Ave, #213				
Maitland, FL 32751			Maitla	and, FL 32751		모	
							
9. If limited partnershi	ip is a limited liab	ility limited partne	rship, check box.			37	
10. Name, principal off	fice address, and	mailing address of	each general partne	r:			
Name of General Par	rtner:Duvalla	MHC Fund GP, LL	.C Name of Gene	ral Partner:			
Street Address:	465 S Orla	indo Ave, #213		·			
		d, FL 32751					
Mailing Address:	465 S Orla	indo Ave, #213	—— Mailing Addre	ss:			-
_	Maitlan	d, FL 32751					-
Name of General Par	rtner:		Name of Gener	ral Partner:	_		
Street Address:			Street Address	: <u></u>			
				-		-	
Mailing Address:	_		Mailing Addre	ss:		·	

Page 1 of 2

Name of G	General Partner:	Name of General Partner:	Name of General Partner:				
Street Add	ress:	Street Address:					
Mailing Ac	ddress:	Mailing Address:					
Effective date Note: If the date document's eff 12. Attached is Florida Departi	cannot be prior to nor more than 90 of the inserted in this block does not meet fective date on the Department of State a certificate of existence duly authent	days after the date this document is filed by the Florida Departmenthe applicable statutory filing requirements, this date will not be te's records. Licated, not more than 90 days prior to the delivery of this applicate or other official having custody of the entity's records in the juri	isted as the				
Signed this	9th day of	November					
		/s/ Jason Bates					
		Signature of a general partner					
The individual submitted in a c	signing this document affirms that the document to the Department of State of	e facts stated herein are true and the individual is aware that false is constitutes a third degree felony as provided for in s.817.155, F.S.	nformation				
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent F \$52.50 \$8.75	ce)				

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "DUVALLA MHC FUND, LP" 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUVALLA MHC FUND, LP" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2023.

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



Authentication: 204615887

Date: 11-17-23