

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION FOR REGISTRATION
OF
FOREIGN LIMITED PARTNERSHIP**

Pursuant to Section 33-42-1620 of the 1976 S.C. Code, as amended, the undersigned foreign limited partnership submits the following:

1. Name of Limited Partnership:

FONTAINE DR DEVELOPER LP

2. Name under which business will be transacted:

3. Date of Organization: 04/17/2025

State of Organization: Delaware

4. Name and Address of Registered Agent in South Carolina:

Corporation Service Company

(Agent's Name)

508 Meeting Street

(Street Address)

West Columbia, South Carolina 29169

(City, State, Zip Code)

I hereby consent to the appointment as registered agent

(Agent's Signature)

5. The Secretary of State is appointed the agent of the foreign Limited Partnership if no agent has been appointed or, if appointed the agent's authority have been revoked or if the agent cannot be located.

6. Home office address or principal office in state of jurisdiction:
210 UNIVERSITY BLVD., SUITE 460

(Street Address)

DENVER, Colorado 80206

(City, State, Zip Code)

FONTAINE DR DEVELOPER LP

Name of Limited Partnership

7. Names and addresses of General Partners:

a. ULYSSES DEVELOPMENT GROUP LLC

(Name)

210 UNIVERISTY BLVD., SUITE 460

(Mailing Address)

DENVER, Colorado 80206

(City, State, Zip Code)

b.

(Name)

(Mailing Address)

(City, State, Zip Code)

c.

(Name)

(Mailing Address)

(City, State, Zip Code)

(Add additional lines if necessary)

8. Address of office where a list of names and addresses of the Limited Partners and their capital contributions is kept:

210 UNIVERSITY BLVD., SUITE 460

(Street Address)

DENVER, Colorado 80206

(City, State, Zip Code)

9. The undersigned foreign limited partnership affirms that a list of names and addressed of the limited partners along with their capital contributions will be kept at the address listed in #8 until the foreign limited partnership's registration in South Carolina is cancelled or withdrawn.

Date: 05/13/2025

Name of Limited Partnership:

FONTAINE DR DEVELOPER LP

Signed as Filer: Jonathan A. Gruskin: (Electronically Signed)

(Signature of General Partner)

Delaware

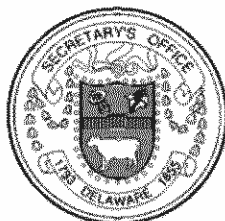
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Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FONTAINE DR DEVELOPER 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 THIRTEENTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FONTAINE DR DEVELOPER LP" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2025.

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



10166745 8300

SR# 20252248270

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

A handwritten signature in cursive script, reading "C. P. Sanchez", written in black ink.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203681183

Date: 05-13-25

Business Name: FONTAINE DR DEVELOPER LP

Signature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Jonathan A. Gruskin

Name

Signature

05/05/2025

Date

Manager of
ULYSSES DEVELOPMENT GROUP LLC
Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.