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**Registration of Limited Liability Partnership**  
 DOMESTIC Limited Liability Partnership

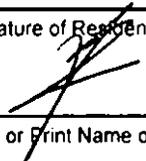
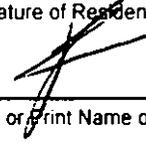
→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
<b>Palumbo Ozone Fund LLP</b>		
2. The address of the principal office is:		
Street Address 117 Metro Center Boulevard, Suite 1007		
City/Town Warwick	State Rhode Island	Zip Code 02886
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name McLaughlinQuinn LLC		
Street Address (NOT a P.O. Box) 148 West River Street, Suite 1E		
City/Town Providence	State RHODE ISLAND	Zip Code 02904
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Solar Real Estate Holdings II, LLC	117 Metro Center Boulevard, Suite 1007, Warwick, RI 02886	
Optimates Co., LLC	117 Metro Center Boulevard, Suite 1007, Warwick, RI 02886	
Check this box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:		
Street Address <b>117 Metro Center Boulevard, Suite 1007</b>		
City/Town <b>Warwick</b>	State <b>Rhode Island</b>	Zip Code <b>02886</b>
6. A brief statement of the business in which the partnership is engaged in:  <b>This LLP is formed for the purpose of investing in Qualified Opportunity Zone Property (other than another Qualified Opportunity Fund), as such terms are defined in 26 U.S.C. Sec. 1400Z-1 and 1400Z-2 of the Internal Revenue of 1986, as amended, and the regulations and guidance promulgated thereunder.</b>		
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.		
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Partner <b>Solar Real Estate Holdings II, LLC</b>	Date <b>7-31-19</b>	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner <b>Optimates Co., LLC</b>	Date <b>7-31-19</b>	
Signature of Resident Partner  SIGN DOCUMENT HERE		
Type or Print Name of Partner	Date	
Signature of Resident Partner SIGN DOCUMENT HERE		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).