

REC'D RI SOS BSD
25 SEP 2 PM 1:09:24State of Rhode Island
Department of State - Business Services Division**Statement of Registration**

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

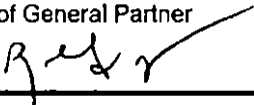
Pursuant to the provisions of RIGL 7-13.1-1003, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
EVI Plus, LP		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
Florida	3/4/2025	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Commercial laundry distributor		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		

FILED

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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BY YBV4F
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7. The address, if applicable, of the office required to be maintained in the state or country of its organization is: 4500 Biscayne Boulevard, Suite 340, Miami, FL 33137		
8. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
EVI Partner I, LLC	4500 Biscayne Boulevard, Suite 340, Miami, FL 33137	
EVI Partner II, LLC	4500 Biscayne Boulevard, Suite 340, Miami, FL 33137	
9. The address of the foreign limited partnership's principal place of business is:		
Address 4500 Biscayne Boulevard, Suite 340		
City/Town Miami,	State FL	Zip Code 33137
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this Statement of Registration for a limited partnership will be effective: CHECK ONE BOX ONLY		
☒ Date received (upon filing)		
☐ Later effective date (date must be no more than 90 days from the date of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.		
Type or Print Name of General Partner Rob Lazar, Authorized person on behalf of EVI Partner I, LLC		Date 8/15/2025
Signature of General Partner 		

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.

State of Florida

Department of State

I certify from the records of this office that EVI PLUS, LP is a limited partnership organized under the laws of the State of Florida, filed on March 4, 2025.

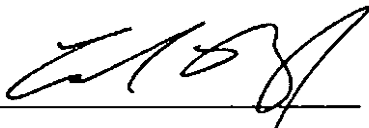
The document number of this limited partnership is A25000000086.

I further certify that said limited partnership has paid all fees due this office through December 31, 2025 and that its status is active.

I further certify that said limited partnership has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Nineteenth day of August,
2025*




Secretary of State

Tracking Number: 7548113027CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 02, 2025 01:09 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

