7/24/2017 Division of Corporations

B17000193412

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000193412 3)))

H17000193412 3ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP**

**MSD Partners, L.P.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | $1,000.00 |

File Second After H17000193419 3

Please honor original submission date of 7/24

Electronic Filing Menu Corporate Filing Menu Help

D SCOTT
JUL 26 2017

# FAX COVER SHEET

| | |
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| TO | |
| COMPANY | |
| FAX NUMBER | 18506176383 |
| FROM | CLS-FFHarrisburgFullfillment |
| DATE | 2017-07-25 16:52:22 EDT |
| RE | Resubmission - MSD Partners, L.P. |

COVER MESSAGE

Sabra Dudding
Global Fulfillment Assistant Team Leader
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com
sabra.dudding@wolterskluwer.com

Wolters Kluwer

1209 N. Orange Street, Wilmington, DE 19801
www.wolterskluwer.com

**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: MSD Partners, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Marcello Liguori
Contact Person

MSD Partners, L.P.
Firm/Company

645 Fifth Avenue, 21st Floor
Address

New York, NY 10022
City, State and Zip Code

mliguori@msdcapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcello Liguori at ( 212 ) 303-1650
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)

☐ $1,008.75 Filing Fees and Certificate of Status

☐ $1,052.50 Filing Fees and Certified Copy

☐ $1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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

1. MSD Partners, L.P.

**(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.L.P. or LLLP.*

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware
**State or Country of Formation**

3. July 16, 2009
**Date of Formation**

4. **Federal Employer Identification Number** 27-1522220

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. *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.*

Kristin Bolden
Assistant Secretary

**Signature of Registered Agent**

7. **Principal Office:**

MSD Partners, L.P.
645 Fifth Avenue, 21st Floor
New York, NY 10022

8. **Mailing Address:**

MSD Partners, L.P.
645 Fifth Avenue, 21st Floor
New York, NY 10022

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9. **If limited partnership is a limited liability limited partnership,** check box .

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: MSD Partners (GP), LLC
Street Address: 645 Fifth Avenue, 21st Floor
New York, NY 10022
Mailing Address: 645 Fifth Avenue, 21st Floor
New York, NY 10022

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address: _____ Mailing Address: _____

_____ _____

11. **Effective date, if other than the date of filing:** _____
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 25th day of July 20 17

_____, Authorized Signatory of the General Partner, MSG Partners GP LLC
Signature of a general partner
Marcelo Lagos

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

| | |
|---|---|
| **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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TALLAHASSEE, FLORIDA

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSD PARTNERS, L.P." 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 TWENTY-FOURTH DAY OF JULY, A.D. 2017.*

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

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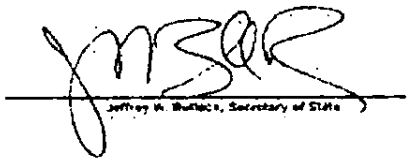
07 JUL 24 AM 11:33

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SR# 20175381006

Authentication: 202936945

Date: 07-24-17

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