

# B21000000060

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
SH CAPITAL PARTNERS, L.P.**

\*\*\*FILE AFTER  
H21000063569\*\*\*

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

\*\*\*FILE AFTER  
H21000063569\*\*\*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SH Capital Partners, LP

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:

Christina Rodriguez

Contact Person

Firm/Company

2323 Victory Avenue, Suite 700

Address

Dallas, TX 75219

City, State and Zip Code

cohen@stonehousemgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Marks

at (214) 651-5635

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

1. SH Capital 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

3. January 20, 2010

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 27-1720723

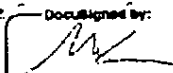
5. Name of Registered Agent for Service of Process and Florida Street Address:

Mark Cohen

1019 Kane Concourse, Suite 202

Bay Harbor Islands, FL 33154

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.

DocuSigned by:  


Signature of Registered Agent

7. Principal Office:

1019 Kane Concourse

Suite 202

Bay Harbor Islands, FL 33154

8. Mailing Address:

1019 Kane Concourse

Suite 202

Bay Harbor Islands, FL 33154

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: Stone House Capital Management, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 1019 Kane Concourse, Suite 202

Street Address: \_\_\_\_\_

Bay Harbor Islands, FL 33154

Mailing Address: 1019 Kane Concourse, Suite 202

Mailing Address: \_\_\_\_\_

Bay Harbor Islands, FL 33154

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

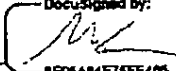
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TALLAHASSEE FLORIDA

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.)*  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 5 day of February, 2020

DocuSigned by:  
  
 BEPSA04E75FE405  
 Signature of a general partner

The individual signing this document affirms 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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 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SH CAPITAL 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SH CAPITAL PARTNERS, L.P." WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2010.

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

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TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Secretary of State

4769868 8300

SR# 20210463331

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202514924

Date: 02-15-21