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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 : (845)818-3588 Fax Number

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

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FLORIDA/FOREIGN LP/LLLP Monad Capital Partners LP

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S. HAWKES JAN - = 2021

118813 From: Vcorp Services, LLC

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

	.Р			
Acceptable Limited Partner	ship suffixes: Limited Partners	lity Limited Partnership, which must i hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.		
If name unavailable, пате		rship or limited liability limited partners! la; must contain acceptable suffix.	hip proposes to register to transc	act
2 Delaware		3. April 6. 2018		
State or	Country of Formation	Date of Form	nation	
4. Federal Employer Iden	tification Number: 82-5143148			
	ent for Service of Process and			
Veorp Services, LLC				
1200 South Pine Island F	load			
Plantation, FL 33324				
of all statutes relative to my position as registered	the proper and complete performagent.	agree to act in this capacity. I further a mance of my duties, and I am familiar w. re of Registered Agent	ith and accept the obligations of Miriam Nachison Assistant Secretary	yf
			• •	
7 Principal Office:		8. Mailing Address:	, + 1 	•
7. Principal Office: 2020 N Bayshore Dr. Unit	502	8. Mailing Address: 2020 N Bayshore Dr, Unit 502	5	· ·
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Certified Copy (optional): Certificate of Status (optional):

Page 1 of 2

18886118813

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does document's effective date on the Departmen 12. Attached is a certificate of existence dul	filling: than 90 days after the date this document is filed by the Florida Department of State.) not meet the applicable statutory filing requirements, this date will not be listed as the not of State's records. y authenticated, not more than 90 days prior to the delivery of this application to the ry of State or other official having custody of the entity's records in the jurisdiction under
	December .20 21 Eduardo librituk Signature of a general partner
The individual signing this document affirm	Signature of a general partner as that the facts stated herein are true and the individual is aware that false information 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)

\$52.50 \$8.75

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MONAD CAPITAL PARTNERS 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 SEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONAD CAPITAL PARTNERS LP" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202347350

Date: 01-07-22