	(Requestor's Name)		
•	(Address)		
-	(Address)		
	(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
	(Business Entity Name)	_	
	(Document Number)		
Certified Copies	Certificates of Status		
	energy.		
Special Instructions to	o Filing Officer		
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Office Use Only

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 565986 4804708
AUTHORIZATION: Smelle man
COST LIMIT : \$ 1,000'.00
ORDER DATE: March 22, 2022
ORDER TIME : 2:15 PM
ORDER NO. : 565986-015
CUSTOMER NO: 4804708
FOREIGN FILINGS
NAME: STONE RUN CAPITAL PARTNERS, L.P.
XXXX QUALIFICATION (TYPE: <u>LP</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

CORPORATION SERVICE COMPANY

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Stone Run Capital Partners, L.P.		
Name of Foreign Limited Parts	nership or Limit	ed Liability Limited Partnership
The enclosed application, certificate of status and for partnership to transact business in Florida. Please return all correspondence concerning this ma		I to register a foreign limited partnership or limited liability limited
Jeff A. Hoerle		
Contact Person	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Stone Run Capital Partners, L.P.		
Firm/Company		<u>—</u>
551 Fifth Avenue, Suite 3300		
Address		
New York, NY 10176		
City, State and Zip Code		
Jhoerle@stoneruncapital.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, plea	se call:	
Jeff A. Hoerle	917 at (862-1196
Name of Contact Person	Area Coo	e 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 and Certif	
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Stone Run 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. , Delaware 3 05/18/2012 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 38-3875999 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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. Dulie maly 3 Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 551 Fifth Avenue 551 Fifth Avenue **Suite 3300 Suite 3300** New York, NY 10176 New York, NY 10176 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:_ Name of General Partner:_____ 551 Fifth Avenue, Suite 3300 Street Address: Street Address: _ New York, NY 10176 Mailing Address: 551 Fifth Avenue, Suite 3300 ____ Mailing Address:____ New York, NY 10176 Name of General Partner: Name of General Partner: ______Street Address: Mailing Address: _____ Mailing Address: ____

Page 1 of 2

Name of Gen	eral Partner:	Name of General Partner:
Street Addres	s:	Street Address:
Mailing Addr	ess:	Mailing Address:
document's effect	ive date on the Department of State's certificate of existence duly authenticate of State, by the Secretary of State of	is after the date this document is filed by the Florida Department of State.) c applicable statutory filing requirements, this date will not be listed as the records. Ited, not more than 90 days prior to the delivery of this application to the rother official having custody of the entity's records in the jurisdiction under
	21stday of	.20 22
Stone Run Capital Pa	rtners, L.P. II, LLC, its General Partner	re of a general partner By: Jeff A. Hoerle, Authorized Person of the General Part
The individual sig submitted in a doc	ning this document affirms that the fa	ets stated herein are true and the individual is aware that false information stitutes a third degree felony as provided for in s.817.155, F.S.
(Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "STONE RUN 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 TWENTY-SECOND DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STONE RUN

CAPITAL PARTNERS, L.P." WAS FORMED ON THE EIGHTEENTH DAY OF MAY,

A.D. 2012.

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



Authentication: 202971258

Date: 03-22-22