B23000000184

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only

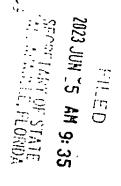


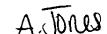
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 591563 7213672 AUTHORIZATION COST LIMIT : (\$\,1000.00) ORDER DATE: March 16, 2023 ORDER TIME : 1:52 PM ORDER NO. : 591563-050 CUSTOMER NO: 7213672 FOREIGN FILINGS NAME: DEERPATH CAPITAL MANAGEMENT, LΡ XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

___ CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

| EXAMINER: | | |
|------------|--|--|
| EVWLITHER: | | |

COVER LETTER

TO: Registration Section

| Division of Corporations | |
|---|--|
| SUBJECT: Deerpath Capital Management, LP | |
| Name of Foreign Limited Partnership | or Limited Liability Limited Partnership |
| The enclosed application, certificate of status and fees are spartnership to transact business in Florida. Please return all correspondence concerning this matter to: | submitted to register a foreign limited partnership or limited liability limited |
| Anish K. Bahl | |
| Contact Person | |
| Deerpath Capital Management, LP | |
| Firm/Company | |
| 405 Lexington Avenue, 53rd Floor | |
| Address | |
| New York, NY 10174 | |
| City, State and Zip Code | |
| abahl@deerpathcapital.com | |
| E-mail address: (to be used for future annual report notifi | cation) |
| For further information concerning this matter, please call: | |
| Anish K. Bahl | 46 ,786-1019 |
| | Area Code and Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| | .052.50 Filing Fees Ind Certified Copy Certified Copy 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

| (Name of L Acceptable Limited I | Partnership suffixes: Limited Partners | lity Limited Partnership, which must include hip, Limited, L.P., L.P., or Ltd Limited Liability Limited Partnership, L.L.L.P. | |
|------------------------------------|---|---|-------------------------------|
| If name unavailable | | rship or limited liability limited partnership pro la; must contain acceptable suffix. | poses to register to transact |
| 2 Delaware | | 3. April 11, 2007 | |
| St | ate or Country of Formation | Date of Formation | |
| 4. Federal Employe | r Identification Number: 20-882360 | 14 | |
| 5. Name of Register | ed Agent for Service of Process and | Florida Street Address: | |
| Corporation Service | e Company | | |
| 1201 Hays Street | | | |
| Tallahassee, FL 3 | 2301 | | |
| | ntive to the proper and complete perfor istered agent. | d agree to act in this capacity. I further agree to mance of my duties, and I am familiar with and while Wulder Jounson, Asp are of Registered Agent | |
| a.n | Signatu | | . 40 |
| 7. Principal Office: | anua 63rd Floor | 8. Mailing Address: | |
| 405 Lexington Ave | | 405 Lexington Avenue, 53rd Floor | ر 23 ا |
| New York, NY 101 | | New York, NY 10174 | FIL 2023 JUN 15 |
| | · · · · · · · · · · · · · · · · · · · | | |
| 9. If limited partne | rship is a limited liability limited par | rtnership, check box. 🗆 | AH 9: 35 OF STATE OF STATE |
| 10. Name, principa | l office address, and mailing address | s of each general partner: | 9: 3 |
| Name of Genera | l Partner: Deerpath Capital Mana | agement, LLC Name of General Partner: | · Em u |
| Street Address: | 405 Lexington Avenue, 53rd Floor | | • |
| | New York, NY 10174 | | |
| Mailing Address | 405 Lexington Avenue, 53rd Floor | r Mailing Address: | |
| | New York, NY 10174 | Walling / Galless | |
| Name of Genera | I Partner: | Name of General Partner: | |
| | | Street Address: | |
| • | | | |
| Mailing Address | : | Mailing Address: | |

Page 1 of 2

| Name of General Partner: | Name of General Partner: |
|---|---|
| Street Address: | Street Address: |
| Mailing Address: | Mailing Address: |
| | than 99 days after the date this document is filed by the Florida Department of State.) s not meet the applicable statutory filing requirements, this date will not be listed as the |
| Florida Department of State, by the Score the law of which it is organized. | aly authenticated, not more than 90 days prior to the delivery of this application to the ary of State or other official having custody of the entity's records in the jurisdiction under |
| Signed this 23rd day | February 30 23 |
| | Deerpath Capital Management, LLC, general partner By: Anish K. Bahl, Chief Executive Officer |
| The individual signing this decument affin | ns that the facts stated herein are true and the individual is aware that false information |

Page 2 of 2

\$52.50 \$8.75

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

submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

Filing Fees:

Certified Copy (optional): Certificate of Status (optional):

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DEERPATH CAPITAL MANAGEMENT, 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 SIXTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEERPATH CAPITAL MANAGEMENT, LP" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2007.

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

Authentication: 202931111

Date: 03-16-23

4333427 8300 SR# 20231019868