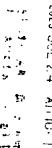
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(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer			

Office Use Only



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RECEIVED

JUL 27 2020 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 364544 / 4711100

AUTHORIZATION : Symbol Clade

COST LIMIT : \$ 78.75

ORDER DATE : July 23, 2020

ORDER TIME : 9:13 AM

ORDER NO. : 364544-005

CUSTOMER NO: 4711100

FOREIGN FILINGS

NAME: MUZINICH & CO., INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO:	_	tration Section ion of Corporations					
SUBJ	ECT:	Muzinich & Co., Inc.					
000	.,	Name o	f corporation	ı - mus	t include suffix		
Dear S	ir or M	adam:					
"Certif	icate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Star	iding``	and check are subr		
Please	return a	all correspondence concerni	ng this matter	r to the	following:		
Jordan	Ast						
			Name of	Persor)		
Muzini	ch & Co	o Inc.					
			Firm/Con	npany			
450 Pai	rk Ave.,	18th Floor					
			Addr	ess			
New Y	ork, NY	10022					
			City/State a	nd Zip	code	· -	
jast@n	nuzinich						
		E-mail address:	(to be used	for futi	ire annual report n	otification)	
For fur	ther inf	formation concerning this ma	utter, please o	rall:			
Jordan Ast at (212			88	888-3413			
	Name	e of Person	Area Cod	e '	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			3 :	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314			
	nake ch	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	1 \$78.1	FATE 75 Filing Fee & itied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Muzinich & Co	Inc. corporation: must include "INCORPORATED."	"COMBANY" "CORROR LTION"		
	orp." "Inc," "Co," or "Corp.")	"COMPANY, "CORPORATION.		
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting be	usiness in Florida)	
2. Delaware	Delaware 3. 13-3472632			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applic	able)	
4. July 21, 1988	5.			
4. (Date of incorporation) 5.		(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150			
7 450 Park Ave., 1	8th Floor			
,. <u></u>	(Principal office	street address)		
New York, NY	10022			
	(Current mailing	address, if different)	202	
			2020 JUL 24 Scriptore	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	# PO	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		A TO	
	Tallahassee	. Florida 32301		
	(City)	(Zip code)		
designated in this further agree to c and I am familiar	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes related and accept the obligations of my positions of my positions.	nt as registered agent and agree to ative to the proper and complete p	o act in this capacity. I erformance of my duties	
F	By: 12 22 Va.	11, 200	Amanda Robinson Asst. Vice President	
	By: _nada 7. 47. (Registered agent's sign	ature)	_	

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

A. DIRECTORS			
■ Chairman	Name:	□Chairman	Name: Adam Kaufman
□Vice Chairman	Address: c/o Muzinich & Co., Inc.	□Vice Chairman	Address: c/o Muzinich & Co., Inc.
Director	450 Park Ave., 18th Floor	Director	450 Park Ave., 18th Floor
□President	New York, NY 10022	□President	New York, NY 10022
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	☐Treasurer
Other CEO	□Other	General C ☐Other	Counsel
□Chairman	Name: Ann-Marie Baker	□Chairman	Name: Michael Ludwig
	c/o Muzinich & Co., Inc.	□Vice Chairman	c/o Muzinich & Co., Inc.
Director	450 Park Ave., 18th Floor	■Director	450 Park Ave., 18th Floor
□President	New York, NY 10022	□President	New York, NY 10022
□Vice President		□Vice President	# 4 P
□Secretary	□Treasurer	□ Secretary	□ Treasurer To
■Other	□Other	■Other	<i>a</i> → □ `
□Chairman	Name:	□Chairman	Name: Paul Fehre
	Address: c/o Muzinich & Co., Inc.	□Vice Chairman	Address:
Director	450 Park Ave., 18th Floor	□Director	450 Park Ave., 18th Floor
□President	New York, NY 10022	□President	New York, NY 10022
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
■Other	□Other	■Other COO	■ Other
Important Notice: I individuals may be 12. /s/ Mark Cla	Use an attachment to report more than six (6). The added to the index when filing your Florida Depark Signature of Dire	artment of State Annual Re	I for reporting purposes only, Non-indexed port form.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Mark Clark, CFO

Muzinich & Co., Inc.

Attachment to Number 11 (additional directors and/or primary officers)

Name: Cheryl Rivkin

Address: c/o: Muzinich & Co., Inc.

450 Park Ave., 18th Floor New York, NY 10022

Title: Director; Chief Administrative Officer and Director, Compliance

Name: Fenton Tom

Address: c/o: Muzinich & Co., Inc.

450 Park Ave., 18th Floor New York, NY 10022

Title: Director; Head of Strategy and Human Capital

STARTAR OF ARION 16



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

DELAWARE, DO HEREBY CERTIFY "MUZINICH & CO., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MUZINICH & CO., INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 1988.

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



Authentication: 203334689

Date: 07-23-20

COVER LETTER

	ΓO: Registration Section Division of Corporations						
SUBJECT:	Muzinich &	c Co., Inc.					
		Name of corporat	ion - must i	nclude suffix			
Dear Sir or M	4adam:						
"Certificate of	of Existence.	on by Foreign Corporation for "Certificate of Good S corporation to transact bus	tanding" an	d check are sub			
Please return	all correspo	ndence concerning this mat	tter to the fo	ollowing;			
Jordan Ast							
		Name	of Person				
Muzinich & C	Co., Inc.						
		Firm/C	ompany				
450 Park Ave.	., 18th Floor						
		Ad	dress				
New York, N	Y 10022						
		City/State	e and Zip co	ode			
jast@muzinicl	h.com						
		E-mail address: (to be use	d for future	annual report	notification)		
For further in	formation c	oncerning this matter, pleas	e call:				
Jordan Ast at (212			888-3	888-3413			
Nam	e of Person	Area C	ode	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	ieck payable i	e following amount: to: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	\$78.75	TE Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		