Division of Corporations

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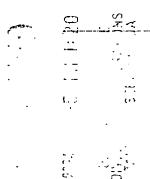
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FLORIDA/FOREIGN LP/LLLP LYNETT CAPITAL PARTNERS SPV ABL VI, LP

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Τo

2024-12-05 10 10 35 CST

16144554862

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

Lynett Capital Partners SPV ABL VI, LP		
Acceptable Limited Partnership suffixes: Limited Partne	ability Limited Partnership, which must include suffix) eaship, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
	nership or limited liability limited partnership proposes to rerida; must contain acceptable suffix.	egister to transact
2 State of Delaware	3. 12/ /2024	
State or Country of Formation	Date of Formation	•
4. Federal Employer Identification Number.		
5. Name of Registered Agent for Service of Process an Benjamin Lynett	nd Florida Street Address:	
110 Front Street. Suite 300		
Jupiter, FL 33477		
of all statutes relative to the proper and complete perf	and agree to act in this capacity. I further agree to comply w formance of my duties, and I am familiar with and accept the Lynstt awre of Registered Agent	
Signa	nure of Registered Agent	2:
7. Principal Office:	8. Mailing Address:	Zuza DEC
110 Front Street, Suite 300, Jupiter, FL 33477	110 Front Street, Suite 300, Jupiter, FL 33477)EC
		QI 1
		Fi
9. If limited partnership is a limited liability limited p	partnership, check box.	3: 28
10. Name, principal office address, and mailing addre		
Name of General Partner: Lynett Capital Fund II C	SP, LLC Name of General Partner:	
Street Address: 110 Front Street, Suite 3007	Street Address:	
Jupiter, FL 33477		
Mailing Address: 110 Front Street, Suite 300	Mailing Address:	
Jupiter, FL 33477		
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	·
Mailing Address:	Mailing Address:	

16144554862

Page 1 of 2

Name of General Partner.			Name of General Partner:		
Street Address:			Street Address:		
Mailing Address:			Mailing Address:		
	or to nor more than 91 his block does not me	Odays after the da. set the applicable s	te this document is file	ed by the Florida Department of State.)	
	by the Secretary of St			the delivery of this application to the he entity's records in the jurisdiction under	
Signed this 4th	day of Dece	mber	20		
	80	Signature of &	ynstt 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): Certificate of Status (optional):

\$52.50 \$8.75

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