

**B07000000197**

Florida Department of State

Division of Corporations

Public Accounts System

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**FILED**  
07 JUN 21 AM 8:52  
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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLP**

**Trivest Fund IV-A, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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Electronic Filing Menu

Corporate Filing Menu

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

**1. Trivest Fund IV-A, 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.)

**2. Delaware**

(State or Country of Formation)

**3. 06/21/2007**

(Date of Formation)

**4. Corporation Service Company**

(Name of Registered Agent for Service of Process)

**5. 1201 Hays Street**

(Florida street address for Registered Agent)

**Tallahassee, FL 32301**

6. I hereby 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.

**Corporation Service Company**By: Joyce L. Markley

Signature of Registered Agent

**Joyce L. Markley**  
as its agent**7. 2665 South Bayshore Drive, #800, Miami, FL 33133**

(Principal office address)

**8. If limited partnership is a limited liability limited partnership, check box ☐**

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9. 2665 South Bayshore Drive, #800, Miami, FL 33133  
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Trivest Partners GP, LLC

(Name)

2665 South Bayshore Drive, #800

(Street Address)

Miami, FL 33133

2665 South Bayshore Drive, #800

(Mailing Address)

Miami, FL 33133

(Name)

17070000002114

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

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

Signed this 21st day of June, 20 07

Signature of a general partner:  
Trivest Partners GP, LLC  
By: Trivest Partners GPM, Inc., its managing member

By: David Gershman  
David Gershman, Authorized Signatory

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

Page 3 of 3

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TALLAHASSEE, FLORIDA

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# Delaware

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PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIVEST FUND IV-A, 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-FIRST DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIVEST FUND IV-A, L.P." WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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4375299 8300

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5779365

DATE: 06-21-07

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