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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

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TALLAHASSEE, FLORIDA

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10 SEP 22 PM 3:37
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
Com Vest Capital II Partners, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

T. CLINE

SEP 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMVEST CAPITAL II PARTNERS, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Sharon K. Gray

Contact Person

Triad Professional Services, LLC

Firm/Company

2050 Marconi Drive, Ste. 150

Address

Alpharetta, GA 30005

City, State and Zip Code

jbaden@triadpros.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Gray

Name of Contact Person

at (770)

777-2091

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☒ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fee,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 TALLAHASSEE, FLORIDA

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

1. COMVEST CAPITAL II 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.

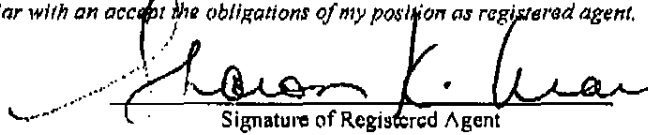
2. Delaware 3. 07/24/2009
 State or Country of Formation Date of Formation

4. NRAI Services, Inc.
 Name of Registered Agent for Service of Process

5. 2731 Executive Park Drive, Ste. 4
 Florida street address for Registered Agent

Weston, FL 33331

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.


 Signature of Registered Agent

7. CityPlace Tower, 525 Okeechobee Boulevard, Ste. 1050,
 Principal office address

West Palm Beach, FL 33401

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

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TALLAHASSEE, FLORIDA

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9. CityPlace Tower, 525 Okeechobee Boulevard, Ste. 1050,
(Mailing address)

West Palm Beach, FL 33401

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

Comvest Capital II Partners UGP, LLC

Name

MD-4175

CityPlace Tower

Street Address

525 Okeechobee Boulevard, Ste. 1050

West Palm Beach, FL 33401

Mailing Address

Name

Street Address

Mailing Address

Name

Street Address

Mailing Address

Name

Street Address

Mailing Address

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

_____ 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 20th day of September, 20 10.

Signature of a general partner:

Robert A. Velazquez

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMVEST CAPITAL II 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 SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMVEST CAPITAL II PARTNERS, L.P." WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2009.

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

2010 SEP 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8243181

DATE: 09-22-10

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