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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000204295 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
COMVEST CAPITAL II, L.P.

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

Please file in
order received,
each 6-P. in
order. Thank
you!

RECEIVED

10 SEP 22 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMVEST CAPITAL II, 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

at (

770

)

777-2091

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee. Certified Copy, and Certificate of Status
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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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September 20, 2010

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: COMVEST CAPITAL II, L.P.
REF: W10000043963

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H10000204295
Letter Number: 310A00022245

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 SEP 22 AM 8:48

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

1. COMVEST CAPITAL II, 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 L.L.P.

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.

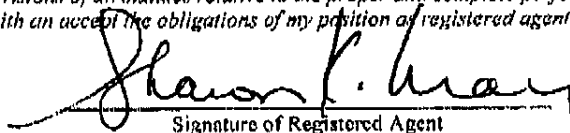
2. Delaware 3. 07/24/2009
State or Country of Formation Date of Formation

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 an 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 ☐

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, L.P.

Name

B1-153

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

Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address

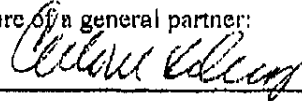
11. Effective date, if other than the date of filing: _____

(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 15th day of September, 2010

Signature of a general partner:



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 22 AM 8:40

Delaware

PAGE 1

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMVEST CAPITAL II, 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.

4713641 8300

100909080

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8227667

DATE: 09-15-10

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