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(F	Requestor's Name)		
(A	address)		
(A	address)		
(C	City/State/Zip/Phone #)		
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(Document Number)			
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S. WARREN SEP 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 815397 4804708 AUTHORIZATION : COST LIMIT : \$ 1,000.00 ORDER DATE: September 13, 2017 ORDER TIME : 3:54 PM ORDER NO. : 815397-030 CUSTOMER NO: 4804708 FOREIGN FILINGS NAME: ROME CAPITAL INVESTORS, LP XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

limited

Registration Section Division of Corporations

TO:

SUBJECT: Rome Capital Investors, LP		
	nited Partnership or Limite	ted Liability Limited Partnership
The enclosed application, certificate of state partnership to transact business in Florida. Please return all correspondence concernit	1	d to register a foreign limited partnership or limited liabilit
Patrick D. Canavan		
Contact Person	n	
Seward & Kissel LLP		
Firm Company	v.	
One Battery Park Plaza		
Address		
New York, New York		
City, State and Zip	Code	<u></u>
canavan@sewkis.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this ma	tter nlouse outli	
Patrick D. Canavan		574-161x
Name of Contact Person		574-1618 e and Daytime Telephone Number
Enclosed is a check for the following amou		vantoer
S1.000.00 Filing Fees S1.008.75 Fi (\$965 Filing Fee and S35 Registered Agent Fee) Status	iling Fees S1.052.50 F are of and Certifie	Filing Fees S1.061.25 Filing Fee, ied Copy
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD Registration Sec Division of Corp P. O. Box 6327 Tallahassee, FL	ection orporations 7

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

Acceptable Limited Liability Limited Partnership suffixes If name unavailable, name under which the limited partner	oility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L. L. L.P. or LLLP ership or limited liability limited partnership proposes to register to transact da: must contain acceptable suffix.	
onsiness in Liotic	ership or limited liability limited partnership proposes to register to transact	
	3 December 10, 2015	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number		
5. Name of Registered Agent for Service of Process and		
Corporation Service Company	The state of the s	
1201 Hays Street		
Tallahassee, FL 32301		
my position as registered agent Corporation Service By:	Asst. Vice President 8. Mailing Address:	
2100 South Ocean Boulevard		
Apartment 408-S	SSE -	
Palm Beach, Florida 33480	PX 12:	
. If limited partnership is a limited liability limited part	tnership, check box.	
0. Name, principal office address, and mailing address		
Name of General Partner: Rome Capital Investors GP, L	.l.C	
Street Address: 2100 South Ocean Boulevard, Apt 408	Name of General Partner:	
Palm Beach, Florida 33480	Street Address:	
Mailing Address: 2100 South Ocean Boulevard, Apt 408	S-S	
Palm Beach, Florida 33480	Mailing Address:	
Name of Control of Con	Name of General Pariner:	
Name of General Partner:		
	Street Address:	

Name of General Partner:	Name of General Partner:		
	Street Address:		
Mailing 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 Florida Departmen			
Florida Department of State, by the Secretary of State or other of the law of which it is organized.	official having custody of the entity's records in the jurisdiction under		
Signed this 7th day of September Signature Signature	e of a general partner		
The individual signing this document affirms that the facts state submitted in a document to the Department of State constitutes	ed herein are true and the individual is aware that false information a third degree felony as provided for in s.817.155, F.S.		

Page 2 of 2

\$52.50

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

17 SEP 14 PM 12: 33 RUGHETARY OF STATE ALL AHASSEF, FLORIDA

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ROME CAPITAL INVESTORS, LP" 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROME CAPITAL INVESTORS, LP" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2015.

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



Authentication: 203226560

Date: 09-14-17