B18000000088

(Re	questor's Name)				
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DEPARTMENT OF STATE

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J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 133508 4304335 AUTHORIZATION : COST LIMIT : ORDER DATE: March 26, 2018 ORDER TIME : 9:35 AM ORDER NO. : 133508-010 CUSTOMER NO: 4304335 _____ FOREIGN FILINGS NAME: COMVEST GROUP HOLDINGS LP XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY

EXAMINER:

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2018

CSC ROXANNE TURNER

SUBJECT: COMVEST GROUP HOLDINGS GP

Ref. Number: W18000029688

2816 MAR 27 AM 18: 48
-SECRETARY BY STATE
FALLAHASSEE FLORIDA

We have received your document for COMVEST GROUP HOLDINGS GP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00006189

2018 APR -5 AN 10: 42

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

Convest Group Holdings LP (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.I..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 **Date of Formation** 4. Federal Employer Identification Number. 01-0622406 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street 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. Roxanne Turner nature of Registered Agent Asst. Vice President 7. Principal Office: 8. Mailing Address: CityPlace Tower CityPlace Tower 525 Okeechobee Boulevard, Suite 1050 525 Okeechobee Boulevard, Suite 1050 West Palm Beach, FL 33401 West Palm Beach, FL 33401 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Comvest Group GP LLC MI8000003300
Name of General Partner: Name of General Partner: 525 Okeechobee Boulevard, Suite 1050 Street Address: Street Address: West Palm Beach, FL 33401 525 Okcochobee Boulevard, Suite 1050 Mailing Address: _ Mailing Address: West Palm Beach, FL 33401 Name of General Partner: Name of General Partner: Street Address: _____ Mailing Address: __ Mailing Address:__

Name of Gen	eral Partner:	Partner: Name of General Partner:				
Street Addres	s:			Street Address:		
Mailing Addr				Mailing Addres	ss:	
11. Effective date	e, if other than tl	he date of filing:_				
Note: If the date	inscrted in this blo	or more than 90 d ook does not meet epartment of State	the applicable st	e this document tatutory filing re	is filed by the Florida Department of State.) equirements, this date will not be listed as the	
	nt of State, by the				rior to the delivery of this application to the y of the entity's records in the jurisdiction under	
Signed this	26th	day of	March	,20	·	
			Colux	Aley	Cecilio M. Rodriguez, CFO of Comvest Group GP LLC	
Signature of a general partner						
	-				the individual is aware that false information as provided for in s.817.155, F.S.	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):		\$1,006 \$52.56 \$8.75	0	g Fee and \$35 Registered Agent Fee)		

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SEE STATE STATE

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COMVEST GROUP HOLDINGS 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMVEST GROUP HOLDINGS LP" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2002.

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

3472679 8300

Authentication: 202396707

Date: 03-27-18