B1800000327

| (Re | equestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2018 DEC 20 AH 9: 57
SEUNGTARY OF STATE
TALLAHASSEE, FLORIDE



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 551732 4320702

AUTHORIZATION : THE CENTRAL

COST LIMIT : \$ 1,061.25

ORDER DATE: December 19, 2018

ORDER TIME : 1:38 PM

ORDER NO. : 551732-010

CUSTOMER NO: 4320702

FOREIGN FILINGS

NAME: VIRAGE CAPITAL MANAGEMENT LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Virage Capital Management LP | |
| SUBJECT. | Partnership or Limited Liability Limited Partnership |
| The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning | and fees are submitted to register a foreign limited partnership or limited liability limited his matter to: |
| Lori Mead | |
| Contact Person | |
| Akin Gump Strauss Hauer & Feld LLP | |
| Firm/Company | |
| 1700 Pacific Avenue, Suite 4100 | |
| Address | |
| Dallas, Texas 75201 | |
| City, State and Zip Co | de |
| lmead@akingump.com | |
| E-mail address: (to be used for future annu | report notification) |
| For further information concerning this matte | r, please call: |
| Lori Mead | at (214) 969-4203 |
| Name of Contact Person | Area Code and Daytime Telephone Number |
| Enclosed is a check for the following amount | |
| S1,000.00 Filing Fees S1,008.75 Filing Fee and S35 Registered Agent Fee) | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

| (Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Lim | Limited, L.P., LP, or Ltd. | |
|--|---|--|
| If name unavailable, name under which the limited partnership business in Florida; n | p or limited liability limited partnership proposes to register to transact nust contain acceptable suffix. | |
| 2 Texas | 3. May 9, 2013 | |
| State or Country of Formation | Date of Formation | |
| 4. Federal Employer Identification Number 90-0979801 | | |
| 5. Name of Registered Agent for Service of Process and Flo | rida Street Address: | |
| Corporation Service Company | | |
| 1201 Hays Street | | |
| Tallahassec, FL 32301 | | |
| of all statutes relative to the proper and complete performan my position as registered agent. Corporation Service Cor By: Signature of | Emily Croft ASST. Vice President Asst. Vice President | |
| 1700 Post Oak Blvd., 2 BLVD Pl., Ste. 300 | 1700 Post Oak Blvd., 2 BLVD Pl., Suite 300 | |
| | ston, Texas 77056 | |
| Houston, Texas 77056 | each general partner: Name of General Partner: Street Address: Street Address: | |
| Name of General Partner:Street Address: | ≃≝ :: | |
| Mailing Address: | Mailing Address: | |

| Name of Gen | neral Partner: | Name of General Partne | r: |
|---|---|--|--|
| Street Addres | 55: | Street Address: | |
| Mailing Add | ress: | Mailing Address: | |
| | e, ir other than the date of hung; | ptember 20, 2018 | |
| Note: If the date document's effect 12. Attached is a Florida Departme the law of which | nnot be prior to nor more than 90 days after inserted in this block does not meet the apprive date on the Department of State's reconcertificate of existence duly authenticated, and of State, by the Secretary of State or other it is organized. | licable statutory filing requiremends. not more than 90 days prior to the er official having custody of the e | its, this date will not be listed as the delivery of this application to the |
| Signed this | day of December | 20 2018 | |
| | By: By: | ts general partner | , Manager of the General Partner |
| | gning this document affirms that the facts st cument to the Department of State constitut | | |
| | Filing Fees: | \$1,000.00 (\$965 Filing Fee and | 1 \$35 Registered Agent Fee) |
| | Certified Copy (optional): | \$52.50 | |
| | Certificate of Status (optional): | S8.75 | |

Page 2 of 2



Corporations Section , P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Virage Capital Management LP (file number 801780937), a Domestic Limited Partnership (LP), was filed in this office on May 09, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 19, 2018.



Jose A. Esparza Deputy Secretary of State