B19000000176

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.

(((H19000195673 3)))

H19000195733ABC8

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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

FILED
19 JUN 24 PM 1:37
TALLAHASSEE, FLORIDA

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

Email Address: ncalamari@staccap.com

19 JUN 24 PM 4:11

FLORIDA/FOREIGN LP/LLLP

STAC B L.P.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$1,000.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
JUN 25 2019

FILED
19 JUN 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit #H19000195673 3

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

1. STAC B 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
State or Country of Formation

3. 6/18/2018
Date of Formation

4. **Federal Employer Identification Number:** 38-4087306

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

Business Filings Incorporated

1200 South Pine Island Road

Plantation, Florida 33324

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.*

Mark Williams, A.V.P., Business Filings Incorporated
Signature of Registered Agent

7. **Principal Office:**

6 Landmark Square Suite 411

Stamford, Connecticut 06901

8. **Mailing Address:**

6 Landmark Square Suite 411

Stamford, Connecticut 06901

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: STAC Capital Management LLC
Street Address: 6 Landmark SquareSuite 411
Stamford, Connecticut 06901
Mailing Address: 6 Landmark SquareSuite 411
Stamford, Connecticut 06901

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

FILED
19 JUN 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit #H19000195673 3

Name of General Partner: _____ Name of General Partner: _____

Street Address _____ 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.)

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 21st day of June 20 19

Signature of a general partner

Mingsung Tang, Member of STAC Capital Management LLC, General Partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STAC B 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-FIRST DAY OF JUNE, A.D. 2019.

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

FILED
19 JUN 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jeffrey W. Bullock, Secretary of State

6936399 8300

SR# 20195590719

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

Authentication: 203076341

Date: 06-21-19