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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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19 JUL 10 PH 12: 31

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K. SALY JUL 11 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 836634 7768417

AUTHORIZATION :

COST LIMIT : \$1061.25

ORDER DATE : July 10, 2019

ORDER TIME : 10:24 AM

ORDER NO. : 836634-010

CUSTOMER NO: 7768417

FOREIGN FILINGS

NAME: ARIAS RESOURCE CAPITAL

MANAGEMENT LP

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|---|-----------------------|
| SUBJECT: ARIAS RESOURCE CAPITAL | MANAGEMENT LP | | |
| | Partnership or Limite | d Liability Limited Partnership | |
| The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning th | | to register a foreign limited partnership or li | mited liability limit |
| Patrick T. White | | | |
| Contact Person | | _ | |
| Arias Resource Capital Management LP | | | |
| Firm/Company | | _ | |
| 17 State Street, Suite 2320 | | | |
| Address | | _ | |
| New York, NY 10004 | | | |
| City. State and Zip Cod | e | | |
| patrick.white@arc-fund.com | | | |
| E-mail address: (to be used for future annual | report notification) | _ | |
| For further information concerning this matter, | please call: | | |
| Patrick T. White | at (212 | 266-8602 | |
| Name of Contact Person | | and Daytime Telephone Number | |
| Enclosed is a check for the following amount: | | | |
| \$1,000.00 Filing Fees \$1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing and Certificate of Status | | | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING AD Registration Se Division of Cor P. O. Box 6327 Tallahassee, Fl | ection rporations 7 | |

Tallahassee, FL 32301

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

19 JUL 10 PM

ARIAS RESOURCE CAPITAL MANAGEMENT LP

| | E CAPITAL MANAGEMENT LP | | |
|--|--|--|--|
| Acceptable Limited P | artnership suffixes: Limited Partnership, | Limited Partnership, which must include suffix) Limited, L.P., LP, or Ltd. ited Liability Limited Partnership, L.L.L.P. or LLLP. | |
| If name unavailable, | | o or limited liability limited partnership proposes to register to transact outst contain acceptable suffix. | |
| DELAWARE | | 3, April 25, 2007 | |
| Sta | te or Country of Formation | Date of Formation | |
| 4. Federal Employer | r Identification Number 32-0202193 | | |
| 5. Name of Register | ed Agent for Service of Process and Flor | rida Street Address: | |
| Corporation Service | | | |
| 1201 Hays Street | | | |
| Tallahassee, FL 3230 | 01 | | |
| | itive to the proper and complete performan istered agent. By: By: | Ree to act in this capacity. I further agree to comply with the provisions are of my duties, and I am familiar with and accept the obligations of Roxanne Turner Asst. Vice President | |
| | | ailing Address: | |
| 17 State Street | | 17 State Street | |
| Suite 2320 | | Suite 2320 | |
| New York, NY 1000 |)4 | New York, NY 10004 | |
| 9. If limited partner | rship is a limited liability limited partne | ership, check box. | |
| 10. Name, principa | l office address, and mailing address of | each general partner: | |
| Name of General | Arias Resource Capital GP LLC | Name of General Partner: | |
| Name of General Partner: 17 State Street, Suite 2320 Street Address: | | Street Address: | |
| New York, NY 10004 | | | |
| Mailing Address: 17 State Stree | 17 State Street, Suite 2320 | Mailing Address: | |
| | New York, NY 10004 | | |
| Name of General | Partner: | Name of General Partner: | |
| Street Address: | | Street Address: | |
| | | | |
| Mailing Address | · | Mailing Address: | |
| | | | |

| Name of Consent Bostons | Name of Consent Bostons | TALLANDER TO |
|---|--|--|
| 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 Note: If the date inserted in this block does not meed document's effective date on the Department of Sta | et the applicable statutory filing requirements, thi | Florida Department of State.) s date will not be listed as the |
| 12. Attached is a certificate of existence duly author Florida Department of State, by the Secretary of State he law of which it is organized. | nticated, not more than 90 days prior to the deliverate or other official having custody of the entity's | ery of this application to the records in the jurisdiction under |
| | lesource Capital Management LP | |
| —————————————————————————————————————— | as Resource Capital GP 11C, its General Partner Signature of a general partner | |
| he individual signing this document affirms that thus the individual signing this document to the Department of State | ne facts stated herein are true and the individual is constitutes a third degree felony as provided for | s aware that false information in s.817.155, F.S. |

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

Filing Fees: Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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

DELAWARE, DO HEREBY CERTIFY "ARIAS RESOURCE CAPITAL MANAGEMENT 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 TENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARIAS RESOURCE

CAPITAL MANAGEMENT LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL,

A.D. 2007.

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

19 JUL 10 PH 12: \$1



Authentication: 203184750

Date: 07-10-19