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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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BKINSEY

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 8/29/2019	**	WALK I
LICMALIS		WALK I
ENTITY NAME HCM US	S FEEDER LP	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
YES YES YES	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TON	
NUMBER OF CERTIFICA.	TES REQUESTED	
TOTAL OWED \$1052.5	O CHECK # 1,000/ ACCOUNT \$52.50 CK 6549	
Please call Tina at th	ie above number for any issues or concerns. Thank you so muc	h!

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HCM US FEEDER LP		
Name of Foreign Limited Par	tnership or Limited Liability Limited Partnership	-
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this management.	fees are submitted to register a foreign limited partnershipatter to:	p or limited liability limited
Contact Person	·	
United Corporate Services, Inc.		
Firm/Company		
100 State St 8th Fl		
Address		
Albany NY 12207		
City, State and Zip Code		
tlemingm@pepperlaw.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, ple	ase call:	
	at ()	- 63
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	1	<u> </u>
\$1,000.00 Filing Fees \$1,008.75 Filing Fe and \$35 Registered Agent Fee) \$\$1,000.00 Filing Fees and Certificate of Status	stand Certified Copy and Certified Copy S1,061.25 Filing Fee, Certified Copy, and Certificate of Status	F1 E7) 2019 AUG 29 AH 8: 1
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	=

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

TO TRANSACT BUSINESS IN FLORIDA L HCM US Feeder LP (Name of I.Imited 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 August 28, 2019 State or Country of Formation Date of Formation 4. Federal Employer Identification Number:___ 5. Name of Registered Agent for Service of Process and Florida Street Address: United Corporate Services, Inc. 9200 South Dadeland Blvd.- Suite 508 Miami, Florida 33156 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 119 Washington Avenue 119 Washington Avenue Suite 504 Suite 504 Miami Beach, Florida 33139 Miami Beach, Florida 33139 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: HCM GP LLC MIOCOCO 83 Warne of General Partner: 119 Washington Avenue, Suite 504 Street Address: Street Address: Miami Beach, Florida 33139 119 Washington Avenue, Suite 504 Mailing Address: _ Mailing Address:_ Miami Beach, Florida 33139 Name of General Partner: Name of General Partner: Street Address: Street Address:

Mailing Address: _____ Mailing Address: _____

Name of General Partner:	Name of General Partner:			
	Street Address:			
5,000,710,000	Outer, radion.			
Mailing Address:	Mailing Address:			
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 day. Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	es after the date this document is filed by the Florida Department of State.) e applicable statutory filing requirements, this date will not be listed as the records.			
	ated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under			
	ik Herzield			
Signature of a 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: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75			

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2019 AUG 29 AM 8: 11

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HCM US FEEDER 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-NINTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "HCM US FEEDER LP" IS A SERIES LIMITED PARTNERSHIP.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCM US FEEDER LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2019.

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

Authentication: 203498261

Date: 08-29-19

7581498 8300E SR# 20196781615