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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

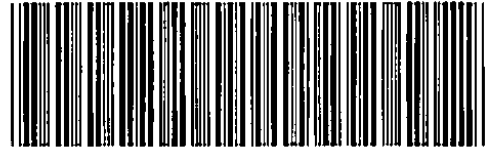
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
T. CLINE
OCT 23
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STROME MEZZANINE FUND IV, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

VINEE MEHTA

Contact Person

STROME GROUP

Firm/Company

1688 MERIDIAN AVE., SUITE 727

Address

MIAMI BEACH, FL 33139-2710

City, State and Zip Code

VMEHTA@STROME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINEE MEHTA

at (310) 882-8752

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

1. STROME MEZZANINE FUND IV, 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.L.P. or L.L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register
business in Florida; must contain acceptable suffix.

2. DELAWARE

State or Country of Formation

3. 08/06/2014

Date of Formation

4. Federal Employer Identification Number 47-1495865

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

VINEE MEHTA

1688 MERIDIAN AVE., SUITE 727

MIAMI BEACH, FL 33139-2710

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations
my position as registered agent.

Signature of Registered Agent

7. Principal Office:

1688 MERIDIAN AVE.

SUITE 727

MIAMI BEACH, FL 33139-2710

8. Mailing Address:

1688 MERIDIAN AVE.

SUITE 727

MIAMI BEACH, FL 33139-2710

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: MARK STROME

Name of General Partner:

Street Address: 1688 MERIDIAN AVE., SUITE 727

Street Address:

MIAMI BEACH, FL 33139-2710

Mailing Address:

Mailing Address:

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: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

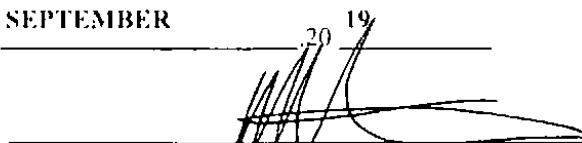
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of the law of which it is organized.

Signed this 12th day of SEPTEMBER, 2019



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:	\$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

Page

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STROME MEZZANINE FUND IV, 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-EIGHTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STROME MEZZANINE FUND IV, LP" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2014.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5582322 8300

SR# 20196769220

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

Authentication: 20349

Date: 08-