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SECULARIZATION OF THE SECURARIZATION OF THE

K SALY JAN 27 202.

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Glen Capital Partners Partners Foca	us Fund, L.P.		
Name of Foreign Limited P	artnership or Limited	Liability Limited Partnership	_
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this) register a foreign limited partnersh	ip or limited liability limited
Gregory L. Summe			
Contact Person		_	
Glen Capital Partners Focus Fund, L.P.			
Firm/Company	· · · · · · · · · · · · · · · · · · ·	_	
4851 Tamiami Trail North, Suite 200			
Address		_	
Naples, FL 34103			
City, State and Zip Code		-	
gsumme@glencapital.com		_	
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this matter, p	lease calt:		
Kristin Lynch	81 (617	2296320	
Name of Contact Person	Area Code a	and Daytime Telephone Number	_
Enclosed is a check for the following amount:			•
S1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Feand and Certificate of Status		ling Fees S1.061.25 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 ADI Registration Sect Division of Corp P. O. Box 6327 Tallahassee, FL	tion orations	

FILED 2019 DEC-3 PM 4:41 ALLAMASSITEMENTAL

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

1. Glen Capital Partners Focus Fund, 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 3 2/26/2013 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 46-2135960 5. Name of Registered Agent for Service of Process and Florida Street Address: Gregory L. Summe 4851 Tamiami Trail North, Suite 200 Naples, FL 34103 6. Thereby 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: 4851 Tamiami Trail North 4851 Tamiami Trail North Suite 200 Suite 200 Naples, FL 34103 Naples, FL 34103 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:___ Gregory L. Summe Name of General Partner: 4851 Tamiami Trail North, Suite 200 Street Address: Street Address: Naples, FL 34103 4851 Tamiami Trail North, Suite 200 Mailing Address: ____ Mailing Address:______ Naples, FL 34103 Name of General Partner:_______ Name of General Partner:______ Street Address: Street Address: _ ..___ Mailing Address: ___ Mailing Address: ___

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ALLAHASSILA LA

Name of General Partner:	Name of General Partner:	SEAHASSELLE TOTAL
	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 9. Note: If the date inserted in this block does not a document's effective date on the Department of S.	90 days after the date this document is filed by the neet the applicable statutory filing requirements, the	Florida Department of State.) his date will not be listed as the
12. Attached is a certificate of existence duly auth Florida Department of State, by the Secretary of a the law of which it is organized.	nenticated, not more than 90 days prior to the deli State or other official having custody of the entity	very of this application to the 's records in the jurisdiction under
Signed this 22 day of Nove	ember	
لمبر	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

Page 2 of 2





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

DELAWARE, DO HEREBY CERTIFY "GLEN CAPITAL PARTNERS FOCUS FUND,

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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2019.

TITT



Authentication: 204032127

Date: 11-18-19