

4/15/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2020 APR 15 PM 6:18

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FLORIDA/FOREIGN LP/LLLP

Weatherford Capital Fund I, LP

Certificate of Status		0
Certified Copy		1
Page Count		04
Estimated Charge		\$1,052.50

FILE SECOND

Electronic Filing Menu

Corporate Filing Menu

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4/15/2020

FILED

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

2020 APR 15 PM 6:19

1. Weatherford Capital Fund I, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include the word "Limited Partnership" or "Limited Liability Limited Partnership" in the name. 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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. April 1, 2020

Date of Formation

4. Federal Employer Identification Number 85-0628379


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

Northwest Registered Agent LLC

7901 4th St N, Suite 300

St. Petersburg, FL 33702

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:

100 N Tampa Street, Suite 2320

Tampa, Florida 33602

8. Mailing Address:

100 N Tampa Street, Suite 2320

Tampa, Florida 33602

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: Weatherford Capital Fund I GP, LLC

Street Address: 100 N Tampa Street, Suite 2320

Tampa, Florida 33602

Mailing Address: 100 N Tampa Street, Suite 2320

Tampa, Florida 33602

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: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

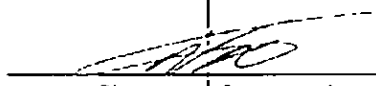
11. Effective date, if other than the date of filing: _____

(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 under the law of which it is organized.

Signed this 14th day of April, 2020


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 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEATHERFORD CAPITAL FUND I, 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 FIFTEENTH DAY OF APRIL, A.D. 2020.

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


FILED
2020 APR 15 PM 6:19
CLERK OF THE COURT
TALLAHASSEE, FLORIDA



7921802 8300

SR# 20202854700

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202773517

Date: 04-15-20