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W2000046139
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SECRETARY OF STATE

2020 MAY -8 PM 2: 3





jugmission date as file date FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2020

CSC

SUBJECT: ARTISAN PARTNERS HOLDINGS LP

Ref. Number: W20000046139

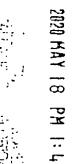
We have received your document for ARTISAN PARTNERS HOLDINGS LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE GIVE CORRECT FILING SHEET PAYMENT FOR A LIMITED PARTNERSHIP,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II



Letter Number: 020A00009556

ease give original

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 283790 4305017 AUTHORIZATION COST LIMIT ORDER DATE: May 7, 2020 ORDER TIME : 1:22 PM ORDER NO. : 283790-015 CUSTOMER NO: 4305017 FOREIGN FILINGS NAME: ARTISAN PARTNERS HOLDINGS LP XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ARTISAN PARTNERS HOL	DINGS LP	
Name of Foreign Limi	ted Partnership or Limited	Liability Limited Partnership
The enclosed application, certificate of state partnership to transact business in Florida. Please return all correspondence concerning		to register a foreign limited partnership or limited liability limi
Patrina O. Farrell		2020 MAY -8 PM 4: 49 SECRE FARY OF STATE TALLAHASSEE, FLORIDA
Contact Person		三
K&L Gates LLP		THAY-8 PH 4: 49 ECRETARY OF STATE ALLAHASSEE, FLORIDA
Firm/Company		- Eng 2
70 West Madison Street, Suite 3100		From F.
Address		- ORIF
Chicago, IL 60602		DIT!
City, State and Zip C	Code	_
patrina.farrell@klgates.com		
E-mail address: (to be used for future ann	ual report notification)	_
For further information concerning this mat	ter, please call:	
Patrina O. Farrell	at (312	558-5016
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amou	nt:	
S1.000.00 Filing Fees S1,008.75 Filing Fee and S35 Registered Agent Status Fee)		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADI Registration Sec Division of Corp P. O. Box 6327 Tallahassee, FL	ction porations

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

ARTISAN PARTNERS HOLDINGS 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 LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transbusiness in Florida; must contain acceptable suffix. 2. DELAWARE State or Country of Formation Date of Formation 4. Federal Employer Identification Number 39-1807188 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisi of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations a my position as registered agent. By: Jonamura & Pole -- Amanda Robinson, Asst. Vice President Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 875 East Wisconsin Avenue 875 East Wisconsin Avenue Suite 800 Suite 800 Milwaukee, WI 53202 Milwaukee, WI 53202 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/Artisan Partners Asset Management Inc.Name of General Partner: 875 East Wisconsin Avenue, Suite 800 Street Address: Street Address: Milwaukee, WI 53202 Mailing Address: 875 East Wisconsin Avenue, Suite 800 Mailing Address: Milwaukee, WI 53202 Name of General Partner:______ Name of General Partner:_____ Street Address: Mailing Address: ______ Mailing Address: _____ Page 1 of 2

Name of Gen	eral Partner:_			Name of General I	Partner:		
Street Addres	ss:			Street Address: _			
Mailing Addr	ress:			Mailing Address:_		TALLAH!	
11. Effective date	e, if other th	an the date of f	iling:	e date this document is j		ARY SSE) [T]
Note: If the date i	inserted in thi	is block does no	an 90 days after the it meet the applicat of State's records.	e date this document is joble statutory filing requi	filed by the Floric rements, this date	da Department will project in ORIO	Sied as the
	nt of State, by	y the Secretary		nore than 90 days prior Ticial having custody of			
Signed this	7th	day of	May	,20	_		
		В	y: Sarah A. Johnson, E Artisan Partners Ass s: General Partner	Executive Vice President, Chi let Management Inc.		Secretary of	
		-		a former -			
			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 "ARTISAN PARTNERS HOLDINGS 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 SEVENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARTISAN PARTNERS

HOLDINGS LP" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 1994

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE FREN

PAID TO DATE.

Authentication: 202895446

Date: 05-07-20