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REPORT

Please give original
submission 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

RECEIVED
2020 MAY 18 PM 1:48
FBI - NEW YORK

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 283790 4305017

AUTHORIZATION :

COST LIMIT : \$ 1052.50

ORDER DATE : May 7, 2020

ORDER TIME : 1:22 PM

ORDER NO. : 283790-015

CUSTOMER NO: 4305017

FILED
2020 MAY -8 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTISAN PARTNERS HOLDINGS 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 limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Patrina O. Farrell

Contact Person

K&L Gates LLP

Firm/Company

70 West Madison Street, Suite 3100

Address

Chicago, IL 60602

City, State and Zip Code

patrina.farrell@klgates.com

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

For further information concerning this matter, please call:

Patrina O. Farrell

at (312) 558-5016

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

FILED
2020 MAY -8 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. 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 LLP.

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

2. DELAWARE

State or Country of Formation

3. December 8, 1994

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 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.

By: Amanda E. Robinson Amanda Robinson, Asst. Vice President

Signature of Registered Agent

7. Principal Office:

875 East Wisconsin Avenue

Suite 800

Milwaukee, WI 53202

8. Mailing Address:

875 East Wisconsin Avenue

Suite 800

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: _____

Street Address: 875 East Wisconsin Avenue, Suite 800 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: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 7th day of May, 2020

By: Sarah A. Johnson, Executive Vice President, Chief Legal Officer and Secretary of
Artisan Partners Asset Management Inc.
Its: General Partner



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

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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. 1999.

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

FILED
2020 MAY -8 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

2459853 8300

SR# 20203589665

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

Authentication: 202895446

Date: 05-07-20