## Bà0000063

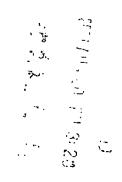
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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South Control of the Control of the

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

LATERAL CAPITAL VI LP

PLEASE RETURN A STAMPED COPY

CHECK# 8747 FOR: \$1125.00 (\$1000.00 for this filing)

THANK YOU!

2020 AUG 20 PM 4: 45

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

1. Lateral Capital VI, I.P  (Name of Limited Partnership or Limited Liabili	ty Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	
	ship or limited liability limited partnership proposes to register to transact; must contain acceptable suffix.
<sub>2</sub> Delaware	3August 43. 20 <u>20</u>
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number. 85-25093	86
5. Name of Registered Agent for Service of Process and F John N. Lilly	
1500 State Street, Suite 201	2020 AUG 20
Sarasota, FL 34236	1000
of all statutes relative to the proper and complete perform my position as registered agent.	agree to act in this capacity. I further agree to comply with the provisions naute of my duties, and I am familiar with and accept the obligations of
John N. Lilly Standard	re of Registered Agent
7. Principal Office:	8. Mailing Address:
1500 State Street, Suite 201	1500 State Street, Suite 201
Sarasota, FL 34236	Sarasota, FL 34236
9. If limited partnership is a limited liability limited part	tnership, check box.
10. Name, principal office address, and mailing address	of each general partner:
Name of General Partner: Lateral Capital VI General Partner	ner, LLC Name of General Partner;
Street Address: 1500 State Street, Suite 20	
Sarasota, FL 34236	<i>i</i> ,
Sarasota, FL 34236	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

## Page 1 of 2

Name of General Partner:		Name of General Partner:	<u> </u>
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted in the document's effective date on t 12. Attached is a certificate of	is block does not meet the the Department of State's researched existence duly authenticate	after the date this document is filed by applicable statutory filing requirements ecords.  ed, not more than 90 days prior to the dother official having custody of the ent	elivery of this application to the
the law of which it is organize	ed.	.20 2020	20
•		ر (آلةِ مريس من gnature of a general partner	PH II IS

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

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

DELAWARE, DO HEREBY CERTIFY "LATERAL CAPITAL VI, 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 TWENTIETH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LATERAL CAPITAL VI, LP" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203504761

Date: 08-20-20

3438174 8300 SR# 20206845487