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#### FLORIDA/FOREIGN LP/LLLP Clerisy Capital Partners GP I, LP

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

### FILE THIRD

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M. SOLOMON

## CLERISY

#### Clerisy Capital Partners GP I, LLC 77 Harbor Drive, #68 Key Biscayne, FL 33149

November 6, 2020

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please be advised that Clerisy Capital Partners GP I, LLC, a Delaware limited liability company with a pending application for authority to transact business in Florida as a foreign limited liability company (the "LLC"), does not object and hereby consents to the use of the name "Clerisy Capital Partners GP I, LP" by Clerisy Capital Partners GP I, LP, a Delaware limited partnership (the "LP"), despite the similarity in the company names. The LLC is the general partner of the LP and as related entities both are under common control.

Respectfully submitted.

Name: Lisa Myers Title: Manager 2020 NOY 4 AM 8: 18

# FILED

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

| L Clerisy Capital Pa | rtners GP I, LP   |  |                        |
|----------------------|---|--|------------------------|
| Acceptable Limited . | Partnership suffixes: Limited Partnersh                     | ity Limited Partnership, which must include suffix ip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLI |                        |
| If name unavailable  |   | ship or limited liability limited partnership proposes to must contain acceptable suffix.  | o register to transact |
| 2. Delaware          |   | 3. 10/18/2019  |                        |
|                      | ate or Country of Formation                                 | Date of Formation  |                        |
| 4. Federal Employe   | er Identification Number: 35-2676398                        | ·  |                        |
|                      | red Agent for Service of Process and F                      | florida Street Address:  |                        |
| Alexandra Wilkis W   | lison (   |  |                        |
| 77 Harbor Drive, #6  | S   |  |                        |
| Key Biscayne, FL 33  | 149   |  |                        |
|                      | ative to the proper and complete perform<br>gistered agent. | agree to act in this capacity. I further agree to compl<br>nance of my duties, and I am familiar with and accept<br>I Wiln Wlo           |                        |
|                      | Signatur  | e of Registered Agent  | ~                      |
| 7. Principal Office: |   | 8. Mailing Address:  | 020                    |
| 77 Harbor Drive, #68 |   | 77 Harbor Drive, #68   | X<br>X                 |
| Key Biscayne, FL 3.  | 3149  | Key Biscayne, FL 33149   | DOS NOV L              |
|                      |   |  | ## AH 8:               |
| 9. If limited partne | rship is a limited liability limited part                   | enership, check box.   | Time.                  |
| 10. Name, principa   | d office address, and mailing address                       | •  | -''' <b>c</b> c        |
| Name of Genera       | l Partner: Clerisy Capital Partners GP I.                   | LLC Name of General Partner:   |                        |
| Street Address:      | 77 Harbor Drive, #68  | Street Address:  |                        |
|                      | Key Biscayne, FL 33149                                      |  |                        |
| Mailing Address      | 77 Harbor Drive, #68  |  |                        |
|                      | Key Biscayne, FL 33149                                      |  |                        |
| Name of Genera       | l Partner:  | Name of General Partner:   |                        |
| Street Address:      |   | Street Address:  |                        |
|                      |   |  |                        |
| Mailing Address      | 3   | Mailing Address:   |                        |

#### Page 1 of 2

| Name of General Partner: | Name of General Partner:  |
|--------------------------|---|
| Street Address:          | Street Address:   |
| Mailing Address:         | Mailing Address:  |
|                          | than 90 days after the date this document is filed by the Florida Department of State.) not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records. |
|                          | ly authenticated, not more than 90 days prior to the delivery of this application to the rry of State or other official having custody of the entity's records in the jurisdiction under                  |
| Signed this 28 day o     | October .20 20  |
|                          | 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

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "CLERISY CAPITAL PARTNERS GP 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 FOURTH DAY OF NOVEMBER, A.D. 2020.

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

7661292 8300 SR# 20208223121 Authentication: 204009462

Date: 11-04-20