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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/7/2021

NAME:

OYSTER ANGEL FUND III LP

TYPE OF FILING: APPLICATION

COST:

1,000.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA0000000055

AUTHORIZATION: ABBIE/PAUL HODGE

Fill 4th

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Division of Corporations			
SUBJECT: Oyster Angel Fund III, L.P.			
	artnership or Limited	Liability Limited Partnership	
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this		register a foreign limited part	nership or limited liability limited
Demetrios Mandilas			
Contact Person		-	
MORSE			
Firm/Company		-	
480 Totten Pond Road, 4th Floor			
Address		-	
Waltham, MA 02451			
City, State and Zip Code		-	
jeredoyle@gmail.com			
E-mail address: (to be used for future annual re	port notification)	-	
For further information concerning this matter, p	lease call:		
Jere Doyle	781	354-4017	
Name of Contact Person	 \ 	nd Daytime Telephone Number	er
Enclosed is a check for the following amount:			
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fee and Certificate of Status	-		and
Mailing Address: Registration Section		Street Address: Registration Section	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

Oyster Angel Fund III, L.P.	
Acceptable Limited Partnership suffixes: Limite	ited Liability Limited Partnership, which must include suffix) d Partnership, Limited, L.P., LP, or Ltd. o suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	ited partnership or limited liability limited partnership proposes to register to transact is in Florida; must contain acceptable suffix.
2 Delaware	3. 4/18/2018
State or Country of Formati	
4. Federal Employer Identification Number:	6-4897163
5. Name of Registered Agent for Service of Pr	
Jere Doyle	
220 MacFarlane Drive, #1204	
Delray Beach, FL 33483	
Denty Deach, 1 D 33-403	 -
	agent and agree to act in this capacity. I further agree to comply with the provisions led performance of my duties, and I am familiar with and accept the obligations of
//	Signature of Registered Agent
7. Principal Office:	8. Mailing Address:
220 MacFarlane Drive, #1204	220 MacFarlane Drive, #1204
Deiray Beach, FL 33483	Delray Beach, FL 33483
9. If limited partnership is a limited liability l	imited partnership, check box. □
10. Name, principal office address, and maili	ng address of each general partner:
Name of General Partner: Oyster Angel Fun	HIGP, LLC Name of General Partner;
220 MacFarlane Drive #1	2014
Street Address: Delray Beach, FL 33483	Street Address:
220 MacFarlane Drive, #1	204
Mailing Address: Delray Beach, FL 33483	Mailing Address:
	Name of General Partner:
Name of General Partner:	
	Street Address:
Street Address:	Street Address:

Page 1 of 2

Name of General Partner:		Name of General Partner:	Name of General Partner:	
Street Addre	ess:	Street Address:		
Mailing Add	dress:	Mailing Address:		
(Effective date of Note: If the date of document's effective like it is a filled. Attached is a filled to be a	e inserted in this block does not meet the ctive date on the Department of State's a certificate of existence duly authentica	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the	ier	
	day of Mo	yster Angel Fund I GP, LLC, By: Jere Doyle, Manager		
		· ·		
	Si	nature of a general-partner		
The individual s submitted in a de	igning this document affirms that the factorized in the factorized control of State constitutions.	stated herein are true and the individual is aware that false information titutes a third degree felony as provided for in s.817.155, F.S.		
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):			

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OYSTER ANGEL FUND III, L.P." 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 SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OYSTER ANGEL FUND III, L.P." WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2018.

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

Authentication: 203142360

Date: 05-06-21

6850537 8300 SR# 20211625680