B21000000199

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 792999 8125778

AUTHORIZATION :

COST LIMIT : \$ 1000.00

ORDER DATE : May 4, 2021

ORDER TIME : 10:59 AM

ORDER NO. : 792999-005

CUSTOMER NO: 8125778

FOREIGN FILINGS

NAME: BRIDGEINVEST SPECIALTY CREDIT

FUND III LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
BRIDGEINVEST SPECIALTY CREDIT F	FUND III LP
SUBJECT: Name of Foreign Limited Partnership	or Limited Liability Limited Partnership
The enclosed application, certificate of status and fees are partnership to transact business in Florida. Please return all correspondence concerning this matter to	submitted to register a foreign limited partnership or limited liability limited :
Alex Horn	
Contact Person	
BRIDGEINVEST SPECIALTY CREDIT FUND III LP	
Firm/Company 2601 S. Bayshore Drive , Suite 1400	
Address Miami, FL 33133	
City, State and Zip Code billing@bridgeinvest.com	
E-mail address: (to be used for future annual report notif	fication)
For further information concerning this matter, please call lan Glaser at (: 305 749-9887
	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	1.052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

BRIDGEINVEST SPECIALTY CREDIT FUND III 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 transact business in Florida; must contain acceptable suffix. Delaware 4/01/2020 State or Country of Formation Date of Formation 85-1021751 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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. 7. Principal Office: 8. Mailing Address: Bay Shore Dr. 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:______ Name of General Partner:______ Street Address: Street Address: Mailing Address: _____ Mailing Address: _____ Name of General Partner:_______Name of General Partner:______ Street Address: Mailing Address: _____ Mailing Address: ______

Certificate of Status (optional):

Page 1 of 2

Name of Genera	Partner:	Name of General Partner:	
Street Address:	2601 S. Bayshore Drive , Suite 14	OO Street Address:	
	Miami, FL 33133		
Mailing Address	:	Mailing Address:	
11. Effective date, il (<i>Effective date canno</i>	other than the date of filing: 5/4/202 of be prior to nor more than 90 days afte	1 r the date this document is filed by the Florida Department of State.)	
	erted in this block does not meet the appetrate on the Department of State's reco	licable statutory filing requirements, this date will not be listed as the rds.	
	of State, by the Secretary of State or oth	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction unde	er
Signed this 4	day of _ <u>MAY</u>	.20 2021	
	DocuSigned t	K. 469 urë of a general partner	
	ng this document affirms that the facts s	ated herein are true and the individual is aware that false information es a third degree felony as provided for in s.817.155, F.S.	
	ing Fees: rtified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50	

Page 2 of 2

\$8.75



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

DELAWARE, DO HEREBY CERTIFY "BRIDGEINVEST SPECIALTY CREDIT FUND III

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 MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIDGEINVEST SPECIALTY CREDIT FUND III LP" WAS FORMED ON THE FIRST DAY OF APRIL,

A.D. 2020.

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



Authentication: 203120822

Date: 05-04-21