(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dacument Number)
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Account#: I20000000088

Date: July 30, 2	021		7.000dmm. 12000000000
Name: KEN HOV	VELL		
Reference #	438588		
Entity Name:	HOLDCO	ASSET MANAGE	MENT, LP
(Articles of Incorpora	tion/Authoriz	ation to Transact Bus	ness
Amendment			
Change of Agent			ISSUES? CALL
Reinstatement	VEH.	F2nd D	KEN:
Conversion	4		518-213-0738
Merger		4.	
Dissolution/Withdrav	wal		
Fictitious Name			
✓-Other**.C	ERTIFIED CO	DPY& GOOD STANDIN	IG UPON FILING.** 7
Authorized Amount:	\$1,061.	25	
,			

-1.212.947.7200

Signature:



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Account#: 120000000088 July 30, 2021 Date:__ **KEN HOWELL** Name:____ 1438588 Reference #:____ HOLDCO ASSET MANAGEMENT, LP Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment ☐ Change of Agent **ISSUES? CALL** Reinstatement KEN: FILE 2nd 518-213-0738 Conversion Merger ☐ Dissolution/Withdrawal Fictitious Name Other _____** CERTIFIED COPY & GOOD STANDING UPON FILING ** Authorized Amount: \$1,061.25

Signature:

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

HoldCo Asset Management, 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. December 10, 2013 Delaware State or Country of Formation Date of Formation 37-1746035 4. Federal Employer Identification Number:___ 5. Name of Registered Agent for Service of Process and Florida Street Address: COGENCY GLOBAL INC. 115 North Calhoun Street, Suite 4 32301 Tallahassee, Florida 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 Ween Hunces my position as registered agent. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 300 SE 2nd Street 300 SE 2nd Street Suite 600 Suite 600 Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: VM GP II LLC Name of General Partner:____ Name of General Partner:___ 300 SE 2nd Street, Suite 600 Street Address: Street Address: Fort Lauderdale, Florida 33301 300 SE 2nd Street, Suite 600 ___ Mailing Address:__ Mailing Address: Fort Lauderdale, Florida 33301 Name of General Partner:_______ Name of General Partner:_____ _____ Street Address: Mailing Address: Mailing Address:

Page 1 of 2

Name of Gener	ral Partner:	Name of General Partner:	
Street Address		Street Address:	
Mailing Addre	ss:	Mailing Address:	
Note: If the date in document's effective. 12. Attached is a co	serted in this block does not meet the a ce date on the Department of State's re ertificate of existence duly authenticate t of State, by the Secretary of State or	officer the date this document is filed by the Florida Department of State pplicable statutory filing requirements, this date will not be listed as a cords. d. not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction	the e
	30th day of J	ature of a general partner	
The individual sign submitted in a docu	ung this document affirms that the fact iment to the Department of State const	s stated herein are true and the individual is aware that false information that a third degree felony as provided for in \$.817.155, F.S.	ion
(Filing Fees: Pertified Copy (optional): Pertificate of Status (optional):	\$1,000.00 (\$965 Filmg Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

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 "HOLDCO ASSET MANAGEMENT, 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 THIRTIETH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOLDCO ASSET MANAGEMENT, LP" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2013.

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

Authentication: 203806507

Date: 07-30-21