

8/9/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

B210000003541

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
SOF- XII Mini Feeder 1, L.P.

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

2021 AUG -9 AM 7:33

ADMITTED
 AUG
 9 2021

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Corporate Filing Menu

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AUG 10 2021

16144554862

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

1. SOF-XII Mini Feeder 1, L.P.

(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 L.L.P.

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.

2. Cayman Islands

State or Country of Formation

3. 02/11/2021

Date of Formation

4. Federal Employer Identification Number _____

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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 my position as registered agent.

By: Katherine Schneider, Asst. Secretary *Katherine Schneider*

Signature of Registered Agent

7. Principal Office:

1601 Washington Avenue, Suite 800

Miami Beach, FL 33139

8. Mailing Address:

1601 Washington Avenue, Suite 800

Miami Beach, FL 33139

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: SOF-XII Investors GP, L.L.C.

Name of General Partner: _____

Street Address: 1601 Washington Avenue, Suite 800

Street Address: _____

Miami Beach, FL 33139

Mailing Address: 1601 Washington Avenue, Suite 800

Mailing Address: _____

Miami Beach, FL 33139

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

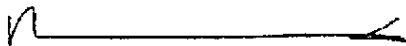
Street Address _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)***Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 20th day of July, 2021_____
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

MC-110549

Certificate of Good Standing of a Partnership

TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that

SOE XIT MINT CEDER 1, L.P.

a partnership duly organized and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in good standing with this office, and duly authorized to exercise therein all the powers vested in the partnership.

Given under my hand and Seal at George Town in the
Island of Grand Cayman this 6th day of August
Two Thousand Twenty-One



An Authorised Officer
Registrar of Partnerships
Cayman Islands.

