Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITCL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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 ASTEYA INVESTMENT PARTNERS, LP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

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COVER LETTER

H21000408702

TO: Registration Section Division of Corporations	
A I D	
SUBJECT:	artnership or Limited Liability Limited Partnership
The enclosed application, certificate of status an partnership to transact business in Florida. Please return all correspondence concerning this	d fees are submitted to register a foreign limited partnership or limited liability limited matter to:
Prashanth Bobba	
Contact Person	
Asteya Investment Partners, LP	
Firm/Company	
1111 Lincoln Road, Suite 500	
Address	
Miami Beach, FL 33139	
City, State and Zip Code	
E-mail address: (to be used for future annual re	,
For further information concerning this matter, p	
Prashanth Bobba	at (646) 318-6852
Name of Contact Person	Area Code and Daytime Telephone Number
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 Fe 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

H21000408702

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

Asteya Investment	Partners, LP						
Acceptable Limited Po	artnership suffixe	s: Limited Partnersh	ip, Limii	ted Partnership, which must include suffix) ed, L.P., LP, or Ltd. iability Limited Partnership, L.L.L.P. or LLLP.			
If name unavailable,	name under whi			mited liability limited partnership proposes to re ontain acceptable suffix.	giste	r to tra	nsact
2 Delaware				3. March 22, 2021			
<u> </u>			Date of Formation				
4. Federal Employer	Identification N	Number: 86-3329987					
		vice of Process and F	lorida S	Street Address:			
Capitol Corporate Se	rvices, Inc.						
515 East Park Avenu	e, 2nd Floor					20	
Tallahassee, FL 3230	1			- 41 	T,	2113	
6. I hereby accept the of all statutes relaining my position as regi	tive to the proper	and complete gerform Toylor Stay	nance of Tayk Capit	act in this capacity. I further agree to comply we my duties, and I am familiar with and accept the or Seay, as Asst Secretary on behalf of col Corporate Services, Inc.	iith the gobble of the good of the gobble of the good	he prov igásíon. H 99	isions-
7. Principal Office:			8. Ma	ailing Address:	至		
1111 Lincoln Road,	Suite 500		1111	Lincoln Road, Suite 500	LT	Œ	
Miami Beach, FL 33139 Mia		Mian	ami Beach, FL 33139				
-	office address,	I liability limited part and mailing address Investment Holdings, I	of each				
Succi Address.	Miami Beach, F	T. 33139	•				
Mailing Address:				Mailing Address:			
Name of General	Partner:			Name of General Partner:			
Street Address:				Street Address:		- · · · -	
Mailing Address:				Mailing Address:			

Page 1 of 2

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Name of General Partner:_		_ Name of General	Partner:	
Street Address:		_ Street Address:		
Mailing Address:		Mailing Address:		
Note: If the date inserted in this	to the date of filing:to nor more than 90 days after the as block does not meet the applicable to Department of State's records.	date this document is e statutory filing requ	filed by the Florida Department of State.) irements, this date will not be listed as the	
	the Secretary of State or other offi		r to the delivery of this application to the f the entity's records in the jurisdiction under	
Signed this 3rd	day of	,20	_	
Signature of a general partner				

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

Filing Fees:

\$52.50

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information

nal): \$8.75

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "ASTEYA INVESTMENT PARTNERS, 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 THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASTEYA"

INVESTMENT PARTNERS, LP" WAS FORMED ON THE TWENTY-SECOND DAY OF

MARCH, A.D. 2021.

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

5602845 8300 SR# 20213696629

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSQC,

Authentication: 204590235

Date: 11-03-21