

B21000000538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

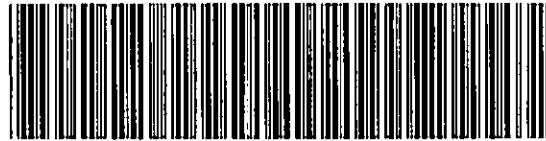
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800377026798

12/03/21--01016--020 **1000.00

FILED
2021 DEC -3 AM 9:44
SECRETARY OF STATE
TOLSON ASSISTANT

DEC 07 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aquilo Partners, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

John Rumsey

Contact Person

Aquilo Partners, L.P.

Firm/Company

601 California St., Suite 500

Address

San Francisco, CA 94108

City, State and Zip Code

jrumsey@aquilopartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Rumsey

at (415) 336-1408

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fee
☐ \$1,008.75 Filing Fees
☐ \$1,052.50 Filing Fees
☐ \$1,061.25 Filing Fee,
LP (\$965 Filing Fee and
\$35 Registered Agent
Fee)
and Certificate of
Status
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -3 AM 9:44

FILED

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

1. Aquilo Partners, 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 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.

2. California

State or Country of Formation

3. 12/12/2008

Date of Formation

4. Federal Employer Identification Number: 80-0314329

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

Ian MacKay

3231 W. Oakellar Ave.

Tampa, FL 33611

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.*


Signature of Registered Agent

7. Principal Office:

601 California St., Suite 500

San Francisco, CA 94108

8. Mailing Address:

601 California St., Suite 500

San Francisco, CA 94108

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: Aquilo Partners, Inc.

Street Address: 601 California St., Suite 500

San Francisco, CA 94108

Mailing Address: _____

Name of General Partner: James Zanze

Street Address: 601 California St., Suite 500

San Francisco, CA 94108

Mailing Address: _____

Name of General Partner: John Rumsey

Street Address: 601 California St., Suite 500

San Francisco, CA 94108

Mailing Address: _____

Name of General Partner: John Dyer

Street Address: 601 California St., Suite 500

San Francisco, CA 94108

Mailing Address: _____

SECRETARY OF STATE
AT-LAUSSE 11000

2021 DEC -3 AM 9:44

FILED

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

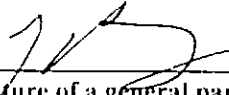
11. Effective date, if other than the date of filing: _____

(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 29th day of November, 20 21



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 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

2021 DEC -3 AM 9:44
SECRETARY OF STATE
TAMARA S. F. C. 11/23/21

FILED



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: AQUILO PARTNERS, L.P.
File Number: 200834800008
Registration Date: 12/12/2008
Entity Type: DOMESTIC LIMITED PARTNERSHIP
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of November 17, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 18, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YDEWM1R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.