

BA1000000552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

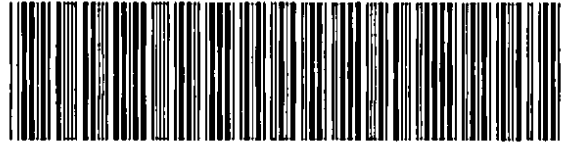
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21-158392

Office Use Only



500377812135

FILED
2021 DEC 13 PM 4:37
RECEIVED
2021 DEC 13 PM 3:45
OFFICE OF THE CLERK
STATE OF FLORIDA

S. HAWKES
DEC 13 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2021

CSC

SUBJECT: SILVERPEAK CREDIT OPPORTUNITIES CAYMAN GP LP
Ref. Number: W21000158392

We have received your document for SILVERPEAK CREDIT OPPORTUNITIES CAYMAN GP LP . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The General Partner is not filed in the state records.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 121A00030075

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 289688 4804708

AUTHORIZATION :

COST LIMIT : \$1000.00



ORDER DATE : December 8, 2021

ORDER TIME : 2:39 PM

ORDER NO. : 289688-130

CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: SILVERPEAK CREDIT
OPPORTUNITIES CAYMAN GP LP

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVERPEAK CREDIT OPPORTUNITIES CAYMAN GP LP

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:

Garrett Yuan

Contact Person

Silverpeak Credit Partners LP

Firm/Company

100 South Ashley Drive, Suite 600

Address

Tampa, Florida 33602

City, State and Zip Code

Garrett.yuan@silverpeak.com

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

For further information concerning this matter, please call:

Garrett Yuan

at (212) 716-2069

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fee
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,
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**

1. Silverpeak Credit Opportunities Cayman GP 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.

2. Cayman Islands

State or Country of Formation

3. October 6, 2017

Date of Formation

4. Federal Employer Identification Number 98-1517670

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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.

Alexis Weibull, assistant vice president
Signature of Registered Agent

7. Principal Office:

100 South Ashley Drive, Suite 600

Tampa, Florida 33602

8. Mailing Address:

100 South Ashley Drive, Suite 600

Tampa, Florida 33602

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STATE
TAMPA, FL

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: SP CO GP Ltd.

Street Address: _____ Street Address: 100 South Ashley Drive, Suite 600

Tampa, Florida 33602

Mailing Address: _____ Mailing Address: _____

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: _____ 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 6th day of December, 2021

SP CO GP Ltd., its general partner

By: _____

Signature of a general partner
Garrett Yuan, Director

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-92765

Certificate of Good Standing of a Partnership

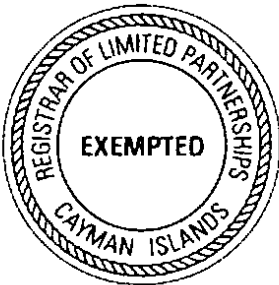
TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that

Silverpeak Credit Opportunities Cayman GP LP

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 10th day of December
Two Thousand Twenty-One*



A handwritten signature in black ink, appearing to be "J. Smith", written over a horizontal line.

**An Authorised Officer
Registrar of Partnerships
Cayman Islands.**

Authorisation Code : 561763202653
www.vently.gov.ky
10 December 2021