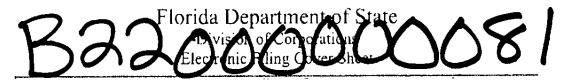
From: Lexus Wingo

2/16/22, 2:44 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

{((H22000062163 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

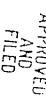
Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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 Lokova Capital Management LP

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



Electronic Filing Menu

Corporate Filing Menu

Help

From: Lexus Winga

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

Lokoya Capital M	anagement I.P			
Acceptable Limited	Parinership suffixes: Limited Pariners	ility Limited Partnership, which must incl. inip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.I		
If name unavailable		rship or limited liability limited partnership da; must contain acceptable suffix.	proposes to register to transact	
2 Delaware		₃ 4/29/2020		
Sı	ate or Country of Formation	Date of Formati	on	
4. Federal Employe	er Identification Number: 85-0932001	<u> </u>		
	red Agent for Service of Process and			
Jose Torres				
615 Channelside Dr	ive. Suite 207			
Tampa, FL 33602				
6. Thereby accept the of all statutes relative my position as reg	anve to the proper and complete perforgistered agent. By: By:	lagree to act in this capacity. I further agreemance of my duties, and I am familiar with a OSE TOTTES ure of Registered Agent	e to comply with the provisions and accept the obligations of	
2 Delected Office		8. Mailing Address:		
		615 Channelside Drive, Suite 207		
			<u> </u>	
Tampa, FL 33602	<u>.</u>	Tampa, FL 33602		
			2022 FEB	
9. If limited partne	ership is a limited liability limited pa	rtnership, check box		
10 Name, principa	al office address, and mailing addres	s of each general partner:	6 EAR	
Name of Genera	il Paitner:Lokoya GP, LLC	Name of General Partner;		
	615 Channelside Drive, Suite 207	Street Address:	部での	
	Tampa, FL 33602		ت ت	
Mailing Address	615 Channelside Drive, Suite 207	Mailing Address:		
Watting Hoores.	Tampa, FL 33602			
Name of Genera	al Partner:	Name of General Partner:		
		Street Address:		
Mailing Address:				

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

Name of General Partner.		Name of General Partner:	
Street Address.		Street Address.	
Note: If the date inserted in th		the date this document is filed by the able statutory filing requirements, to	
	by the Secretary of State or other	t more than 90 days prior to the del official having custody of the entity	ivery of this application to the y's records in the jurisdiction under
Signed this 27th	day of	,20 22	
	/s/ Jose To	rres e of a general partner	_
The individual signing this do		ed herein are true and the individua	l is aware that false information

\$52.50

\$8.75

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

submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LOKOYA CAPITAL 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

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

at corn delaware gov/aut

Authentication: 202678291

Date: 02-16-22