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115 N CALHOUN ST., STE. 4 **FALLAHASSEE, FL 32301** P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/07/2022	
	Chris Vick	<del></del>
Referen	ce #: <b>1600638</b>	_
Entity Na	ame: ALTIOR CAPIT	AL MANAGEMENT LP
<b>₽</b> A	rticles of Incorporation/Authorization	to Transact Business
A	mendment	
□ c	hange of Agent	•
□R	einstatement ***F	PLEASE FILE SECOND***
C	onversion	
	lerger	
D	issolution/Withdrawal	
☐ Fi	ictitious Name	
<b>V</b> 0	therCERTIFI	ED COPY UPON FILING
	ed Amount \$1052,50	

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALTIOR CAPITAL MANAGEM	MENT LP	
Name of Foreign Limited	l Partnership or Limited	d Liability Limited Partnership
The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning the		to register a foreign limited partnership or limited liability limited
Sheila Barabino		
Contact Person		_
Seward & Kissel LLP		
Firm/Company		_
One Battery Park Plaza		
Address		
New York, NY 10004		
City, State and Zip Co	de	_
barabino@sewkis.com		
E-mail address: (to be used for future annua	d report notification)	<del></del>
For further information concerning this matter	r, please call:	·
Timothy Cross	at ( 321	335-2555
Name of Contact Person		e and Daytime Telephone Number
Enclosed is a check for the following amount:	:	
S1.000.00 Filing Fees S1.008.75 Filin (\$965 Filing Fee and S35 Registered Agent Fee) Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD Registration Se Division of Cor P. O. Box 6327 Tallahassee, FL	ection orporations 7

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

## TO TRANSACT BUSINESS IN FLORIDA ALTIOR CAPITAL MANAGEMENT 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 Parmership 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. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 87-1562451 5. Name of Registered Agent for Service of Process and Florida Street Address: Cogency Global Inc. 115 North Calhaun St. Suite 4 Tallahassee, FL 32301 6. Thereby accept the appointment as registered agent and agree to act in this capacity. Unorther 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. Bv: Jeff Cohen, Asst. Sec. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 9100 Conroy Windermere Road 9100 Conrov Windermere Road Suite 200 Suite 200 Windermere, FL 34786 Windermere, FL 34786 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: Altior Capital Management GP LLC Name of General Partner: Name of General Partner 9100 Conrov Windermere Road, Ste 200 Street Address: Street Address: \_ Windermere, FL 34786 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:
11. Effective date, if other than the date of filing:	
	fier the date this document is filed by the Florida Department of State.) oplicable statutory filing requirements, this date will not be listed as the ords.
	, not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under
Signed this 18 day of February	,20 22
Altior Capital Management GP LLC, its General Partner By: Timothy Cross, its Managing Member	nture of a general purtner
	stated herein are true and the individual is aware that false information utes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ALTIOR 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 SEVENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTIOR CAPITAL MANAGEMENT LP" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2021.

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

Jeffrey W. Busince, Secretary of State

Authentication: 202836613