

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.

(((H22000104181 3)))



H220001041813ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Fma11 | Address: | <br> |  |
|-------|----------|------|--|
|       |          |      |  |

## FLORIDA/FOREIGN LP/LLLP THIRD LAKE PE CO-INVEST FUND I, LP

\*\*FILE SECOND, after H22000104177

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

\*\*FILE SECOND, after H22000104177

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Help

S. HAWKES MAR \_ = 2021

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#### COVER LETTER

| TO: Registration Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: Third Lake PE Co-Invest Fund I,   | LP   |  |  |  |  |
|  | Name of Foreign Limited Partnership or Limited Liability Limited Partnership |  |  |  |  |
| The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning the |  | o register a foreign limited partnership or limited liability limite   |  |  |  |
| Christina T. Rodriguez   |  |  |  |  |  |
| Contact Person   | <u></u>  | _  |  |  |  |
| c/o Haynes and Boone, LLP  |  |  |  |  |  |
| Firm/Company   |  | <b></b>  |  |  |  |
| 2323 Victory Avenue, Suite 700   |  |  |  |  |  |
| Address  |  | _  |  |  |  |
| Dallas, Texas 75219  |  |  |  |  |  |
| City, State and Zip Coc  | le   |  |  |  |  |
| rforsythe@thirdlake.com  |  |  |  |  |  |
| E-mail address: (to be used for future annual  | report notification)   | _  |  |  |  |
| For further information concerning this matter   | please call:   |  |  |  |  |
| Robert Forsythe  | 813  | 497.8100   |  |  |  |
| Name of Contact Person   | Area Code  | and Daytime Telephone Number   |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |  |
| □\$1,000.00 Filing Fee<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) □\$1,008.75 Filing<br>and Certificate<br>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 |  |  |  |

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

| Acceptable Limited P                        | mited Partnership or Limited Liability l  | imited Partnership, which must include suffix) imited, L.P., LP, or Ltd.  |                    |
|---|---|---|--------------------|
| Acceptable Limited Li                       | iability Limited Partnership suffixes: Limi   | ted 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 reust contain acceptable suffix.   | gister to transact |
| 2 Delaware                                  | <u> </u>  | 3. March 16, 2022   |                    |
|   | ate or Country of Formation   | Date of Formation   |                    |
| 4. Federal Employer                         | Identification Number: Unavailable at the   | is time   |                    |
|   | ed Agent for Service of Process and Flor  |   | · ·.               |
| Robert Forsythe                             |   |   |                    |
| 1600 E. 8th Avenue,                         | Suite A132-A  | •   |                    |
|   |   |   | 22                 |
| Tampa, Florida 3360                         | <del></del>   |   | - it               |
| of all statutes rela<br>my position as regi | tive to the proper and complete performan<br>istered agent/s/ Rol/s/ Rol                | ee to act in this capacity. I further agree to comply we ce of my duties, and I am familiar with and accept the cert Forsythe | e obligations of   |
| 7. Principal Office:                        | 8   | Mailing Address:  |                    |
| 1600 E. 8th Avenue,                         | Suite A132-A  | 1600 E. 8th Avenue, Suite A132-A  |                    |
| Tampa, Florida 33605                        |   | Tampa, Florida 33605  |                    |
| 10. Name, principa                          | rship is a limited liability limited partner I office address, and mailing address of o | each general partner:   |                    |
| Name of General                             | 1600 E. 8th Avenue, Suite A132-A  |   |                    |
| Street Address:                             |   | Street Address:   |                    |
|   | Tampa, Florida 33605  |   |                    |
| Mailing Address                             | :   | Mailing Address:  |                    |
| Name of General                             | Partner:  | Name of General Partner:  |                    |
|   |   | Street Address:   |                    |
| Mailing Address                             | :   | Mailing Address:  |                    |

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| Name of General Partner:  |  | Name of General Partner:  |   |  |
|---|--|---|---|--|
| Street Address:   |  | Street Address:   |   |  |
| •   |  | Mailing Address:  |   |  |
| Note: If the date inserted in th  | nan the date of filing:  r to nor more than 90 days after the nis block does not meet the applica the Department of State's records. | e date this document is filed by the Flo<br>ble statutory filing requirements, this d | orida Department of State.)<br>late will not be listed as the |  |
| <ol> <li>Attached is a certificate of<br/>Florida Department of State, I<br/>the law of which it is organize</li> </ol> | by the Secretary of State or other o   | more than 90 days prior to the delivery<br>fficial having custody of the entity's re  | of this application to the<br>cords in the jurisdiction under |  |
| Signed this   | day of   | 2022  |   |  |
|   |  | -Invest I GP, LLC, its General Partner  | •   |  |
|   | Signature  | of a general partner  |   |  |
| The individual signing this do  | ocument affirms that the facts state   | d herein are true and the individual is a   | ware that false information                                   |  |

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

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# Delaware

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### The First State

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

DELAWARE, DO HEREBY CERTIFY "THIRD LAKE PE CO-INVEST FUND I, 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 EIGHTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD LAKE PE CO-INVEST FUND I, LP" WAS FORMED ON THE SIXTEENTH DAY OF MARCH,

A.D. 2022.

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

Authentication: 202948794

Date: 03-18-22