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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/8/2022

NAME: RIVERNORTH CAPITAL PARTNERS, LP

TYPE OF FILING: APPLICATION

COST: 1,061.25- CHECK ATTACHED

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	gistration Section vision of Corporations						
	RiverNorth Capital Partners, LP						
SUBJECT:		Name of Foreign Limited Partnership or Limited Liability Limited Partnership					
nartnership i	d application, certificate of status and fee to transact business in Florida. In all correspondence concerning this matt		o register a foreign limited partnership or limited liability li	mite			
Marcus L. C	Collins		_				
	Contact Person						
RiverNorth	Capital Management, LLC						
	Firm/Company		_				
360 South I	Rosemary Avenue, Suite 1420						
	Address		_				
West Palm	Beach, Florida 33401						
	City, State and Zip Code		_				
mcollins@s	rivemorth.com						
E-mail ad	dress: (to be used for future annual report	t notification)					
For further	information concerning this matter, pleas	e call:					
Marcus L.		at (312	568-6506				
<u>N</u>	ame of Contact Person	Area Code an	and Daytime Telephone Number				
Enclosed is	a check for the following amount:						
(\$965 F	0 Filing Fee ☐\$1,008.75 Filing Fees Filing Fee and and Certificate of gistered Agent Status	□\$1,052.50 Filin and Certified					
_	ailing Address:		Street Address: Registration Section				
	egistration Section ivision of Corporations		Division of Corporations				
U	tytsion of Corporations		m C CT II I com				

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

A set of initial Daytonechin cultives: Limited Par	Liability Limited Partnership, which must include suffix) tnership, Limited, L.P., LP, or Ltd. ixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable, name under which the limited p	artnership or limited liability limited partnership proposes to register to transact Florida; must contain acceptable suffix.
Delaware	, 1/17/2007
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 20-824	47249
5. Name of Registered Agent for Service of Process Paracorp Incorporated	
155 Office Plaza Drive, 1st Floor	_
Tallahassee, FL 32301	
of all statutes relative to the proper and complete to my position as registered agent. Please set	nt and agree to act in this capacity. I further agree to comply with the provisions performance of my duties, and I am familiar with and accept the obligations of e attached. Ignature of Registered Agent
-	reconstruction of the second o
0.0 1.1.05	8 Mailing Address:
7. Principal Office: 360 South Rosemary Avenue	8. Mailing Address: Same
360 South Rosemary Avenue	Same
360 South Rosemary Avenue Suite 1420	Same
360 South Rosemary Avenue	Same
360 South Rosemary Avenue Suite 1420	Same 2022 APR
360 South Rosemary Avenue Suite 1420 West Palm Beach, Florida 33401 9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing a	ed partnership, check box. ddress of each general partner:
360 South Rosemary Avenue Suite 1420 West Palm Beach, Florida 33401 9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing a	ed partnership, check box. ddress of each general partner: Name of General Partner:
360 South Rosemary Avenue Suite 1420 West Palm Beach, Florida 33401 9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing and Name of General Partner: RiverNorth Capital Mail South Rosemary Avenue, S	ed partnership, check box. ddress of each general partner: anagement, LLC Name of General Partner:
Suite 1420 West Palm Beach, Florida 33401 9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing a Name of General Partner: RiverNorth Capital Ma	ed partnership, check box. ddress of each general partner: naagement, LLC Name of General Partner:
Suite 1420 West Palm Beach, Florida 33401 9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing a Name of General Partner: Street Address: 360 South Rosemary Avenue, S West Palm Beach, FL 33401	ed partnership, check box. ddress of each general partner: anagement, LLC Name of General Partner: Suite 1420 Street Address: Mailing Address:
Suite 1420 West Palm Beach, Florida 33401 9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing a Name of General Partner: Street Address: West Palm Beach, FL 33401 Mailing Address: Same	ed partnership, check box. ddress of each general partner: anagement, LLC Suite 1420 Mailing Address: Mailing Address:
Suite 1420 West Palm Beach, Florida 33401 9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing a Name of General Partner: Street Address: West Palm Beach, FL 33401 Mailing Address: Same Name of General Partner:	ed partnership, check box. ddress of each general partner: anagement, LLC Suite 1420 Mailing Address:

Page 1 of 2

Name of Gen	eral Partner:	Name of General Partner:				
Street Addres	s:	Street Address:				
Mailing Addr	ress:	Mailing Address:				
(Effective date ca Note: If the date document's effect	inserted in this block does not meet the applicative date on the Department of State's records certificate of existence duly authenticated, not ent of State, by the Secretary of State or other	cable statutory filing requirements, this date will not be listed as the				
		,20 22				
	Mpum (20ge)	General Counsel & Secretary of the General Partner				
Signature of a general partner						
The individual significant submitted in a do	gning this document affirms that the facts statecument to the Department of State constitutes	ted herein are true and the individual is aware that false information s 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				

Page 2 of 2

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 04/07/2022

ENTITY NAME: RiverNorth Capital Partners, LP

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RIVERNORTH CAPITAL PARTNERS, L.P." 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 APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVERNORTH CAPITAL PARTNERS, L.P." WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2007.

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



Authentication: 203127514

Date: 04-07-22

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