

B22006000209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

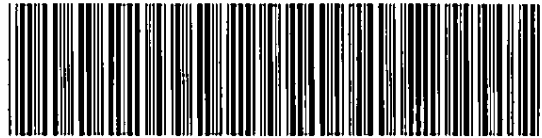
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2022 APR 29 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 APR 29 PM 4:33

CLERK OF THE OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAY - 2 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 650455 7122162

AUTHORIZATION :



COST LIMIT : \$1000.00

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ORDER DATE : April 29, 2022

ORDER TIME : 2:14 PM

ORDER NO. : 650455-050

CUSTOMER NO: 7122162  
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FOREIGN FILINGS

NAME: LYNETT CAPITAL PARTNERS SPV  
ABL IV, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

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

1. Lynett Capital Partners SPV ABL IV, 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. State of Delaware

State or Country of Formation

3. 9/27/2021

Date of Formation

4. Federal Employer Identification Number: 87-2856054

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

Benjamin Lynett

110 Front Street, Suite 300

Jupiter, FL 33477

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.

Benjamin Lynett

59920E54738D402

Signature of Registered Agent

7. Principal Office:

110 Front Street, Suite 300, Jupiter, FL 33477

8. Mailing Address:

110 Front Street, Suite 300, Jupiter, FL 33477

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: Lynett Capital Fund II GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 110 Front Street, Suite 3007

Street Address: \_\_\_\_\_

Jupiter, FL 33

Mailing Address: 110 Front Street, Suite 300

Mailing Address: \_\_\_\_\_

Jupiter, FL 33

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

2022 APR 29 PM 12:09

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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 27th day of April, 2022

DocuSigned by:

Benjamin Lynett

59940E5423BB402...

Signature of a general partner

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.

|  |  |
|--|--|
| <b>Filing Fees:</b>                      | <b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee) |
| <b>Certified Copy (optional):</b>        | <b>\$52.50</b>   |
| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LYNETT CAPITAL PARTNERS SPV ABL IV, 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 TWENTY-NINTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYNETT CAPITAL PARTNERS SPV ABL IV, LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2021.

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



6265816 8300

SR# 20221698241

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203308347

Date: 04-29-22