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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.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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

Email Address: sop@cocencyglobal.com

FLORIDA/FOREIGN LP/LLLP Altior Capital Partners, LP

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN -8 AM 9:00

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COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: ALTIOR CAPITAL PARTNERS, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Sheila Barabino

Contact Person

Seward & Kissel LLP

Firm/Company

One Battery Plaza

Address

New York, NY 10004

City, State and Zip Code

tcrossl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Cross

at (407) 413-2001

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☒ \$1,052.50 Filing Fees
and Certified Copy.

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. ALTIOR CAPITAL PARTNERS, 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. Delaware

State or Country of Formation

3. May 28, 2021

Date of Formation

4. Federal Employer Identification Number: _____

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

Cogency Global Inc.115 North Calhoun Street, Suite 4Tallahassee, Florida 32301

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.

By:

COGENCY GLOBAL INC./s/Kathrine Meer

Signature of Registered Agent

Kathrine Meer, Assistant Secretary

7. Principal Office:

ALTIOR CAPITAL PARTNERS, LP9100 Conroy Windermere RoadWindermere, FL 34786

8. Mailing Address:

ALTIOR CAPITAL PARTNERS, LP9100 Conroy Windermere RoadWindermere, FL 347869. 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 Partners GP, LLC

Name of General Partner: _____

Street Address: 9100 Conroy Windermere Road

Street Address: _____

Windermere, FL 34786Mailing Address: 9100 Conroy Windermere Road

Mailing Address: _____

Windermere, FL 34786

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FL

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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: _____

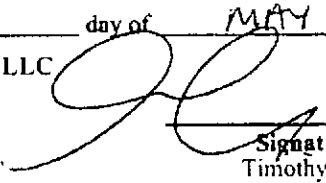
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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 21 day of MAY, 20 21

Altior Capital Partners GP, LLC



Signature of a general partner
Timothy Cross, Authorized Person

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.

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

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTIOR CAPITAL PARTNERS, 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 THIRD DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTIOR CAPITAL PARTNERS, LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2021.

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



5957389 8300

SR# 20212347255

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203360180

Date: 06-03-21

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