

5/18/2022 1:55 PM

Division of Corporations

**B200000395**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H22000177877 3)))



H220001778773ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

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

Email Address: taxsaverrn24@gmail.com

2022 Jul 28 PM 4:26

**FLORIDA/FOREIGN LP/LLLP  
SELECT EQT CREDIT III FUND LP**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

2022 JUL 28 PM 2:02  
FILED  
OFFICE OF THE CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

JUL 29 2022  
T. LEMIEUX

((1122000177877 3))

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

1. SELECT EQT CREDIT III FUND 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.P. or L.L.L.P.

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 06/28/2017
State or Country of Formation Date of Formation

3. Federal Employer Identification Number 82-1920956

5. Name of Registered Agent for Service of Process and Florida Street Address:
Registered Agents Inc.
7901 4th Street N, Ste 300
St. Petersburg, FL 33702

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.
Signature of Registered Agent: Bill Hume

7. Principal Office:
4597 White Cedar Lane
Delray Beach, FL 33445-7036

8. Mailing Address:
4597 White Cedar Lane
Delray Beach, FL 33445-7036

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: Select Advisors, L.L.C.
Street Address: 15 Lafayette Court, Suite 5A, Greenwich, CT, 06830
Mailing Address: 15 Lafayette Court, Suite 5A, Greenwich, CT, 06830

FILED
2022 JUL 28 PM 2:02
STATE OF FLORIDA

((H22000177877 3))

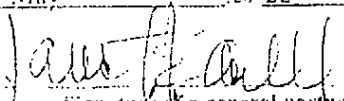
Page 1 of 2

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 17 day of May, 2022

  
 \_\_\_\_\_  
 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.

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

Page 2 of 2

((H22000177877 3))

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECT EQT CREDIT III FUND 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 NINETEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SELECT EQT CREDIT III FUND LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2017.

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



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

6451783 8300

SR# 20222142188

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

Authentication: 203474580

Date: 05-19-22