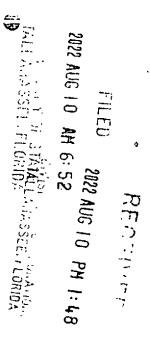
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/10/22

NAME: EAST GROVE CAPITAL GP, L.P.

TYPE OF FILING: APPLICATION

COST: 1,052.50 - CHECK ATTACHED

RETURN: CERTIFIED COPY PLEASE

ACCOUNT FEA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: East Grove Capital GP, L.P.					
Name of Foreign Limited Partne	rship or Limi	ted Liability 1	Limited Partnership		
The enclosed application, certificate of status and feet partnership to transact business in Florida. Please return all correspondence concerning this matter.		ed to register a	a foreign limited partnership or limited liability limited		
Mark DeVito					
Contact Person					
c/o Foley Hoag LLP					
Firm/Company					
Seaport West, 155 Seaport Boulevard					
Address					
Boston, MA 02210					
City, State and Zip Code					
mdevito@foleyhoag.com					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please	call:				
Mark DeVito	at (617	832-10	000		
Name of Contact Person		de and Daytir	me Telephone Number		
Enclosed is a check for the following amount:					
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status		Filing Fees ified Copy	☐\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status		
Mailing Address:		Street A	Address:		
Registration Section		_	Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327		The Co	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Acceptable Limited i	imited Partnership or Limited Liab Partnership suffixes: Limited Partners	Nity Limited Partnership, which must incl. hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L				
If name unavailable	e, name under which the limited partne business in Florid	rship or limited liability limited partnership is; must contain acceptable suffix.	proposes to re	gister to	transact	
2. Delaware		3. May 5, 2017				
	tate or Country of Formation	Date of Formati	00			
4. Federal Employe	er Identification Number: 30-0989579	<u> </u>				
	red Agent for Service of Process and					
Chris Fortson						
14126 Riverstone D)т.					
Tampa, FL 33624	· · · · · · · · · · · · · · · · · · ·					
of all statutes relatives my position as reg	ative to the proper and complete perforgistered agent.	d agree to act in this capacity. I further agree rmance of my duties, and I am familiar with the following the fol	and accept the	obligati	ons of	
7. Principal Office:	l .	8. Mailing Address:				
14126 Riverstone Dr.		14126 Riverstone Dr.				
Tampa, FL 33624		Tampa, FL 33624				
-	ership is a limited liability limited pa					
10. Name, principa	al office address, and mailing address	s of each general partner:	45 .4	~3		
Name of Genera	al Partner: East Grove Capital, LLC	Name of General Partner:	<u> </u>	_22_		
Street Address:	14126 Riverstone Dr.	Street Address:		AUG		
	Tampa, FL 33624		<u> </u>			
Mailing Address	14126 Riverstone Dr.	Mailing Address:		7	0	
Tampa, FL 33624	Tampa, FL 33624		L OR	 വ ല		
Name of Genera	J Partner:	Name of General Partner:	D m	· 2		
Street Address:		Street Address:			_	
Mailing Address		Mailing Address:				

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 a Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's red	ofter the date this document is filed by the Florida Department of State.) pplicable statutory filing requirements, this date will not be listed as the cords.
Florida Department of State, by the Secretary of State or of the law of which it is organized	d, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 3 sf day of July	,20
Signed this 31 st day of July Chux	The of Totan
	nature of a general partner
	s 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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "EAST GROVE CAPITAL GP, 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 EIGHTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAST GROVE CAPITAL GP, L.P." WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2017.

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

Authentication: 204108780

Date: 08-08-22