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

DATE: 08/10/22

NAME: EAST GROVE CAPITAL PARTNERS, L.P.

TYPE OF FILING: APPLICATION

COST: 1,052.50 - *check Attached*

RETURN: *Certified Copy please ==>*

~~ACCOUNT# ECA000000015~~

~~AUTHORIZATION: ABILE PAUL HODGE~~

File - 3rd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Grove Capital Partners, L.P.

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:

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) 832-1000

Name of Contact Person

Area Code and Daytime 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 | ☒ \$1,052.50 Filing Fees
and Certified Copy | ☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|--|---|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. East Grove Capital Partners, L.P.

(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 5, 2017

Date of Formation

4. Federal Employer Identification Number: 82-1548129

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

Chris Fortson

14126 Riverstone Dr.

Tampa, FL 33624

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.

Christopher J. Fortson

Signature of Registered Agent

7. Principal Office:

14126 Riverstone Dr.

Tampa, FL 33624

8. Mailing Address:

14126 Riverstone Dr.

Tampa, FL 33624

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: East Grove Capital GP, L.P.

Name of General Partner: _____

Street Address: 14126 Riverstone Dr.

Street Address: _____

Tampa, FL 33624

Mailing Address: 14126 Riverstone Dr.

Mailing Address: _____

Tampa, FL 33624

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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STATE
TALLAHASSEE, FLORIDA

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 31st day of July, 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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAST GROVE 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 EIGHTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAST GROVE CAPITAL PARTNERS, 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.



6401770 8300

SR# 20223203023

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204108793

Date: 08-08-22