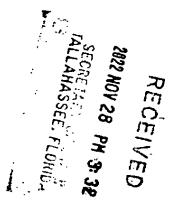
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APPROVED AND FILED

### **CORPORATE** ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN
		PICK U	JP: MISTY 11/28
<b>&gt;</b>	·	CERTIFIED COPY PHOTOCOPY CUS	
y	ΚX	FILING	FOREIGN LP
1.	-	ROSEMAWR CAPITAL VI	
<ul><li>2.</li><li>3.</li></ul>	-	(CORPORATE NAME AND DOCUMEN	VI #) Lile Second
4.	-	(CORPORATE NAME AND DOCUMEN	VT #)
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6.	-	(CORPORATE NAME AND DOCUMEN	
SPEC INST			

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

Acceptable Limited	imited Partnership or Limited Liability Partnership suffixes: Limited Partnership Liability Limited Partnership suffixes: Lin	, Limited, L.P., LP, or Ltd.		-	
If name unavailabl	e, name under which the limited partnersh business in Florida;	ip or limited liability limited partnership must contain acceptable suffix.	proposes to re	egister	to transact
, Delaware		3. November 9, 2022			
S:	ate or Country of Formation	Date of Formati	on	-	
4. Federal Employ	er Identification Number:				
5. Name of Registe Riverside Filings Ll	red Agent for Service of Process and Flo LC	orida Street Address:			
155 Office Plaza Dr	. 1st Fl.				
Tallahassee, FL 323	01				
6. I hereby accept to of all statutes reli my position as reg	By,	nce of my duties, and I am familiar with a Feitelbaum	e to comply wand accept the	e oblig	provision ations of
	_	of Registered Agent		2022 NOV	
7. Principal Office:		8. Mailing Address:	77 Z	8	>
1674 Meridian Avei	nue. Suite 420	1674 Meridian Avenue, Suite 420	<u> </u>	$\sim$	
Miami Beach, FL 33	3139 —	Miami Beach, FL 33139	:X.4 :X.4	• <b>60</b>	
				꿈	
			<u>. Hui</u>	$\sim$	
9. If limited partne	rship is a limited liability limited partne	ership, check box.	<u> </u>	12: 18	
•	rship is a limited liability limited partno	· —	<u> </u>	_	
10. Name, principa	•	each general partner:	<u> </u>	_	
10. Name, principa	ol office address, and mailing address of	each general partner:  / LLC Name of General Partner:	11 (c)	_	
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10. Name, principa Name of Genera Street Address:	I office address, and mailing address of Partner: Rosemawr Capital Associates IV 1674 Meridian Avenue, Suite 420 Miami Beach, FL 33139	each general partner:  / LLC Name of General Partner:  Street Address:	11 (c)	8	
10. Name, principa	I office address, and mailing address of Partner: Rosemawr Capital Associates IV 1674 Meridian Avenue, Suite 420 Miami Beach, FL 33139	each general partner:  / LLC Name of General Partner:	Ho:	8	
Name, principal Name of General Street Address: Mailing Address	Il office address, and mailing address of I Partner: Rosemawr Capital Associates IV 1674 Meridian Avenue, Suite 420 Miami Beach, FL 33139 1674 Meridian Avenue, Suite 420	each general partner:  / LLC Name of General Partner:  Street Address:  Mailing Address:	<u> </u>	8	
Name, principal Name of General Street Address: Mailing Address Name of General	I Partner: Rosemawr Capital Associates IV 1674 Meridian Avenue, Suite 420 Miami Beach, FL 33139 1674 Meridian Avenue, Suite 420 Miami Beach, FL 33139	each general partner:  / LLC Name of General Partner:  Street Address:  Mailing Address:  Name of General Partner:		8	

Page 1 of 2

Name of General Partner:		Name of 0	General Partner:	
Street Addres	s:		Street Add	dress:
Mailing Addr	ess:			ddress:
Note: If the date i document's effect 12. Attached is a continuous series of the continuous series and the continuous series and the continuous series are continuous series and the continuous series are continuous series	nserted in this block does not be date on the Department certificate of existence duly not of State, by the Secretary	ot meet the appli of State's record authenticated, n	icable statutory fili ls. ot more than 90 da	ing requirements, this date will not be listed as the asys prior to the delivery of this application to the astody of the entity's records in the jurisdiction under
	day of	vovember	.20 22	
	<u>!</u>		alberstam	
The individual signsubmitted in a doc	ning this document affirms rument to the Department o	that the facts sta f State constitute	ated herein are true es a third degree fe	and the individual is aware that false information lony as provided for in s.817.155, F.S.
	Filing Fees: Certified Copy (optional): Certificate of Status (optic		\$1,000.00 (\$965 \$52.50 \$8.75	Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ROSEMAWR CAPITAL VI 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-EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROSEMAWR CAPITAL"

VI LP" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2022.

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

at corp.delaware gov/auth

Authentication: 204943049

Date: 11-28-22

7128456 8300 SR# 20224108540