B22000000552

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K. Brumpies

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 167027 4804708

AUTHORIZATION :

COST LIMIT : \$ 1/,/0,00.00

ORDER DATE: November 30, 2022

ORDER TIME : 9:07 AM

ORDER NO. : 167027-015

CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: BRIGHTLINE CAPITAL PARTNERS

II, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

	stration Section ion of Corporations		
SUBJECT: _	Brightline Capital Partners	II, LP	_
	Name of Foreign Limited Part	nership or Limited Liabilit	y Limited Partnership
partnership to	application, certificate of status and f transact business in Florida. All correspondence concerning this m		er a foreign limited partnership or limited liability limited
	Marco Mazzotta		
	Contact Person		
	Brightline Capital Managemen	nt, LLC	
	Firm/Company		
	1111 Brickell Avenue, Suite 1	350	
	Address		
	Miami, FL 33131		
	City, State and Zip Code		
	mmazzotta@brightlinecap.c		
E-mail addre	ess: (to be used for future annual repo	rt notification)	
For further inf	ormation concerning this matter, plea	ise call:	
Marco Mazzotta		at (203) 742	2-1413
Nam	e of Contact Person	Area Code and Day	time Telephone Number
Enclosed is a	check for the following amount:		
	Filing Fee	□\$1,052.50 Filing Fees and Certified Copy	S □\$1,061.25 Filing Fec, Certified Copy, and Certificate of Status
Reg Divi	ing Address: istration Section sion of Corporations Box 6327	Regi Divis	Address: stration Section sion of Corporations 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

1. Brightline Capital Partners II, LP					
(Name of Limited Partnership or Limited Liabi Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LP, a	or Ltd.			
If name unavailable, name under which the limited partner business in Florid	rship or limited liability a; must contain accepta	limited partnership prop	poses to regi	ster to	transact
2. Delaware		11/29/2022			
State or Country of Formation	3	Date of Formation			
4. Federal Employer Identification Number					
5. Name of Registered Agent for Service of Process and	Florida Street Address	::			
Corporation Service Company					
1201 Hays Street					
Tallahassee, FL 32301					•
6. I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete perform my position as registered agent.	agree to act in this cape mance of my duties, and	acity. I further agree to I I am familiar with and	comply with accept the o	the problem	ovisions ons of
Signatui	re of Registered Agent				
7. Principal Office:	8. Mailing Address:		<u> </u>	2022 DEC -	
1111 Brickell Avenue, Suite 1850	1111 Brickell Avenue, Suite 1850		<u> </u>	DEC	
Miami, FL 33131	Miami, FL 33131			<u> </u>	
				PM	
9. If limited partnership is a limited liability limited part	_			2: 5	
10. Name, principal office address, and mailing address	of each general partne	:r:	- '	_	
Name of General Partner: Brightline GP, LLC	Name of Gene	eral Partner:			
Street Address: 1111 Brickell Avenue, Suite 1850	Street Address	s:			
Miami, FL 33131					
Mailing Address: 1111 Brickell Avenue, Suite 1850	Mailing Addre	ess:			
Miami, FL 33131					
Name of General Partner:	Name of Gene	ral Partner:			
Street Address:	Street Address	:			
					_
Mailing Address:	Mailing Addre	:SSI			
Mailing Address:	Mailing Addre	:SS:			

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 Note: If the date inserted in this block does not mee document's effective date on the Department of Sta	days after the date this document is filed by the Florida Department of State.)
Florida Department of State, by the Secretary of State law of which it is organized,	nticated, not more than 90 days prior to the delivery of this application to the ate or other official having custody of the entity's records in the jurisdiction under
Signed this 29th day of Nove	20 <u>22</u>
Signatu	re of Managing Member of the 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



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

DELAWARE, DO HEREBY CERTIFY "BRIGHTLINE 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 THIRTIETH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIGHTLINE

CAPITAL PARTNERS, LP" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL,

A.D. 2005.

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



Authentication: 204973070

Date: 11-30-22

3962911 8300 SR# 20224142417