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S. ROBERTS
DEC 13 2022

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Henry Partners, L.P.				
Name of Foreign Limited	Partnership or Lie	mited Liability	Limited Partnership	
The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning the		tted to register.	a foreign limited partnership or limited liability lim	ite
David W. Wright				
Contact Person				
Henry Investment Trust, L.P.				
Firm/Company				
150 E. Palmetto Park Rd., Suite 800				
Address				
Boca Raton, FL 33432				
City, State and Zip Cod	le			
dwright@snip.net				
E-mail address: (to be used for future annual	report notification	1)		
For further information concerning this matter.	. please call;			
David W. Wright	561	525-9:	523	
Name of Contact Person	at (Area (Tode and Daytii	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 and Certificate (\$535 Registered Agent Fee)		50 Filing Fees rtified Copy	XS1.061.25 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division The Co	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

L. Henry 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. 3. 03/06/1997 , Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: $\underline{23-2888396}$ 5. Name of Registered Agent for Service of Process and Florida Street Address: David W. Wright 150 E. Palmetto Park Rd. Suite 800 Boca Raton, FL 33432 6. Thereby 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 7. Principal Office: 8. Mailing Address: 150 E. Palmetto Park Rd., Suite 800 150 E. Palmetto Park Rd., Suite 800 Boca Raton, FL 33432 Boca Raton, FL 33432 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: _____ Investment Trust, L.P. Name of General Partner: 150 E. Palmetto Park Rd., Suite 800 Street Address; Street Address: _ Boca Raton, FL 33432 Mailing Address: same as above _____ Mailing Address:_____ Name of General Partner:_______Name of General Partner:______ 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 after the da. Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	te this document is filed by the Florida Department of State.) tatutory filing requirements, this date will not be listed as the	
12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized. Signed this	d having custody of the entity's records in the jurisdiction under	
Signature of a	general partner	
The individual signing this document affirms that the facts stated her	ein 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

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

DELAWARE, DO HEREBY CERTIFY "HENRY 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY PARTNERS,

L.P." WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 1997.

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

Authentication: 204739147

Date: 10-31-22

2702016 8300 SR# 20223896142