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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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52 Email Address: က်

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FLORIDA/FOREIGN LP/LLLP MARKLEY CAPITAL MANAGEMENT LP

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Help

S. ROBERTS

DEC 2 9 2022

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

	Limited Liability Limited Partnership, which must include suffix immed Partnership, Limited, L.P., LP, or 14d, crship suffixes: Limited Liability Limited Partnership, L.L.L.P. or 1.1.1	
	e limited partnership or limited hability limited partnership proposes tasiness in Florida, must contain acceptable suffix	o register to transact
5 Delaware	3,10/21/19	
State or Country of Fori	mation Date of Formation	
4. Federal Employer Identification Numb	per 84-3484525	
5. Name of Registered Agent for Service of		
Glen Gordon		
360 NW 27th Street		
Miami, FL 33127		
7. Principal Office:	8 Mailing Address:	742
360 NW 27th Sueci	360 NW 27th Street	172!
		— <u>`</u> fí
Minusi El 22137	A Limoti 1:1 2 2 1 7 3	• •
Miami, FL 33127	Miami, FL 33127	#22 DFC 23
Miami, FL 33127	Miami, FL 33127	
9. If limited partnership is a limited liabil		— <u> </u>
	ility limited partnership, check box	= = = = = = = = = = = = = = = = = = = =
9. If limited partnership is a limited liabil 10. Name, principal office address, and m	ility limited partnership, check box	8: 21
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. 200 NW Nath Street	nailing address of each general partner: tal LLC Name of General Partner	8: 2 1
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. 200 NW Nath Street	ility limited partnership, check box nailing address of each general partner:	8: 2 1
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. Street Address. Miami, FL 33127	nailing address of each general partner: tal LLC Name of General Partner Street Address	8: 22
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. Street Address. Main FL 33127	ility limited partnership, check box nailing address of each general partner: tal LLC Name of General Partner Street Address Mailing Address:	8: 22
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. Street Address. 360 NW 27th Street	nailing address of each general partner: tal LLC Name of General Partner Street Address Mailing Address:	8: 22
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. Street Address. Markley Capit 360 NW 27th Street	nailing address of each general partner: tal LLC Name of General Partner Street Address Mailing Address: Name of General Partner	8: 22
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. Street Address. Markley Capit 360 NW 27th Street	nailing address of each general partner: tal LLC Name of General Partner Street Address Mailing Address:	8: 22
9. If limited partnership is a limited liabil 10. Name, principal office address, and m Name of General Partner. Street Address. Miami, FL 33127 Mailing Address: Name of General Partner. Street Address.	ility limited partnership, check box nailing address of each general partner: ital LLC Name of General Partner Street Address Mailing Address: Name of General Partner Street Address.	8: 22

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		
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 12th day of December	20 22	
Obeusigned by: Ath Gordon Signature of a	ı 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 fellony as provided for in \$ 817,155, F.S.

> \$1,000,00 (\$965 Filing Fee and \$35 Registered Agent Fee) Filing Fees:

\$52,50 Certified Copy (optional): \$8.75 Certificate of Status (optional):

Page 2 of 2

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MARKLEY CAPITAL MANAGEMENT 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-SEVENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARKLEY CAPITAL MANAGEMENT LP" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2019.

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

e at corp delaware soy/auth

Authentication: 205191013

Date: 12-27-22

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