B2300000004

	(Requestor's Name)				
	(Adcress)				
	(Address)				
	(Address)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
4.ed Copies	Certificates of Status				
regial Instructions to Filing Officer:					
·					

Office Use Only



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2023 JAN - 4 PM 2: 33

APPROVED AND FILED

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2023 JAN - 4 FR 3: 28

K. Runupley

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500					
ACCOUNT NO. : 12000000195					
REFERENCE : 305678 4326237					
AUTHORIZATION:					
COST LIMIT : \$ 1,000.00					
ORDER DATE : January 4, 2023					
ORDER TIME : 2:20 PM					
ORDER NO. : 305678-010					
CUSTOMER NO: 4326237					
FOREIGN_FILINGS					
NAME: LAFAYETTE SQUARE SBIC, LP					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker -- EXT#

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

L Lafayette Square SBIC, LP				
(Name of Limited Partnership or Limited Liabilit Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	p, Limited, L.P., LP, or Ltd.			
If name unavailable, name under which the limited partnersh business in Florida;	hip or limited liability limited partnership pro must contain acceptable suffix.	oposes to reg	gister t	o transact
2 Delaware	_{3.} May 17, 2022			
State or Country of Formation	Date of Formation			
4. Federal Employer Identification Number 88-4358395				
5. Name of Registered Agent for Service of Process and Fl	lorida Street Address:			
Corporation Service Company				
1201 Hays Street				
Tallahassee, FL 32301				
6. I hereby accept the appointment as registered agent and a of all statutes relative to the proper and complete perform my position as registered agent.	gree to act in this capacity. I further agree to ance of my duties, and I am familiar with and MA DIMO	o comply wi Laccept the	ith the obliga	provisions utions of
Signature	of Registered Agent			
7. Principal Office:	8. Mailing Address:	===	2023	
175 SW 7th St	175 SW 7th St		JAN	<u>}</u>
Unit 1911	Unit 1911		4	
Miami, FL 33130	Miami, FL 33130	1,_ 11	2	
9. If limited partnership is a limited liability limited partn	iership, check box.	\$1.50 \$1.50 \$1.50	2: 3	. .
10. Name, principal office address, and mailing address o	f each general partner:	,	ယ	
Name of General Partner: Lafayette Square SBIC GP,	LLCName of General Partner:			
Street Address: 175 SW 7th St, Unit 1911	Street Address:			
Miami, FL 33130				
Mailing Address: 175 SW 7th St, Unit 1911	Mailing Address:			
Miami, FL 33130				
Name of General Partner:				
Street Address:				
			_	
Mailing Address:				

Page 1 of 2

Name of General Partner:	Name of Gen	eral Partner:		
Street Address:	Street Addres	s:		
	Mailing Addr	ess:		
11. Effective date, if other than the date of (Effective date cannot be prior to nor more to Note: If the date inserted in this block does n document's effective date on the Department	han 90 days after the date this document of meet the applicable statutory filing t	nt is filed by the Florida Department of State.) requirements, this date will not be listed as the		
12. Attached is a certificate of existence duly Florida Department of State, by the Secretary the law of which it is organized.	authenticated, not more than 90 days portion of State or other official having custoo	prior to the delivery of this application to the dy of the entity's records in the jurisdiction under		
Signed this third day of	January			
	Damen Dwin (3-0.3, 7023-18-40-551)			
Signature of a general partner				
The individual signing this document affirms submitted in a document to the Department of	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

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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LAFAYETTE SQUARE SBIC, 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 THIRD DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAFAYETTE SQUARE SBIC, LP" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2022.

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

Authentication: 202406053

Date: 01-03-23