Division of Corporations

Clorida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

FLORIDA/FOREIGN LP/LLLP Weatherford Capital Entrepreneurs Fund II, LP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$1,008.75

Electronic Filing Menu Corporate Filing Menu

JAN 1 0 2023

K. Brumbley

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

-Acceptable Limite d Partn	iership suffixes: "Limited Partnersh	lity Limited Partnership, which must incomp. Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.,	20 /	-	
If name unavailable, na	ne under which the limited partner business in Florid	ship or limited liability limited partnership at must contain acceptable suffix.	proposes to re	gister	to transact
2. Delaware		, January 6, 2023			
State o	or Country of Formation	Date of Format	ion	•	
4. Federal Employer Ide	entification Number				
5. Name of Registered A	gent for Service of Process and I	Florida Street Address:			
Corporate Creations New	work Inc.				
801 US Highway 1					
North Palm Beach, Florid	da 33408				
6. Thereby accept the ap of all statutes relative my position as register	to the proper and complete performed agent.	agree to act in this capacity. I further agre nance of my duties, and I am familiar with re of Registered Agent	re to comply w and accept the	uth the e obliga	provisions ations of
7. Principal Office:	·	8. Mailing Address:			
100 N Tampa Street, Suit	ie 2320	100 N Tampa Street. Suite 2320		2023 JAN	
Tampa, Florida 33602				<u>ب</u> ه	:
Tampa, Florida 33602		Tampa, Florida 33602	<u> </u>		-
Tampa, Florida 33602		Tampa, Florida 33602		6- N	
	o is a limited liability limited part		20 20 20 20	-9 PH	ÄNO FILED
9. If limited partnership	o is a limited liability limited partice address, and mailing address	tnership, check box.	20 20 20 20 20 20 20 20 20 20 20 20 20 2	-9 PH 3:	AND FILED
9. If limited partnership 10. Name, principal offi	ice address, and mailing address Weatherford Capital Fund II 6	of each general partner:	第220202122232526272727	-9 PH	ANO FILED
9. If limited partnership 10. Name, principal offi Name of General Part	ice address, and mailing address Weatherford Capital Fund II 6	of each general partner: OP. LLC Name of General Partner:	20 20 20 20 20 20 20 20 20 20 20 20 20 2	-9 PH 3:	FILED
9. If limited partnership 10. Name, principal offi Name of General Part Street Address: 100	ice address, and mailing address mer: Weatherford Capital Fund II C	of each general partner: OP. LLC Name of General Partner: Street Address:	20 20 20 20 20 20 20 20 20 20 20 20 20 2	-9 PM 3: 42	FILED
9. If limited partnership 10. Name, principal offi Name of General Part Street Address: Tan	Weatherford Capital Fund II Ca	of each general partner: OP. LLC Name of General Partner: Street Address:	2.0 2.0 2.0 2.0 2.0 2.0 2.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3	-9 PM 3: 42	
9. If limited partnership 10. Name, principal offi Name of General Part Street Address: Tan Mailing Address:	Weatherford Capital Fund II Ca	of each general partner: OP. LLC Name of General Partner: Street Address:		-9 PM 3: 42	
9. If limited partnership 10. Name, principal offic Name of General Part Street Address: Tan Mailing Address: Tan	Weatherford Capital Fund II Ca	of each general partner: OP. LLC Name of General Partner: Street Address:		-9 PM 3: 42	
9. If limited partnership 10. Name, principal offic Name of General Part Street Address: Tan Mailing Address: Tan Name of General Part	Weatherford Capital Fund II Commercial Measurement Street, Suite 2320 upa, Florida 33602 N Tampa Street, Suite 2320 upa Florida 33602	of each general partner: GP. LLC Name of General Partner: Street Address: Mailing Address:		-9 PM 3: 42	

Filing Fees:

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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 tha (Effective date cannot be prior).	n the date of to to nor more the block does no	filing: on 90 days after of meet the appl	r the date this document is filed by the Florida Department of State.) licable statutory filing requirements, this date will not be listed as the
12. Attached is a certificate of c Florida Department of State, by the law of which it is organized	the Secretary	authenticated, n of State or othe	not more than 90 days prior to the delivery of this application to the entity's records in the jurisdiction under
Signed this 6th	day of	January	
		معن المعنى	
•	_	Signatu	are of a general partner
The individual signing this doct submitted in a document to the	nnent affirms t Department of	that the facts sta State constitute	ated herein are true and the individual is aware that false information es a third degree felony as provided for in s.817.155, F.S.

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\$52.50

\$8,75

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

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WEATHERFORD CAPITAL ENTREPRENEURS FUND

II, 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 NINTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEATHERFORD

CAPITAL ENTREPRENEURS FUND II, LP" WAS FORMED ON THE SIXTH DAY OF

JANUARY, A.D. 2023.

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

7222920 8300

Authentication: 202449450

Date: 01-09-23