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(Cit	y/State/Zip/Phone #	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
· va Copies	Cenificates	of Status
estial Instructions to Filin	ng Officer:	

Office Use Only



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APPROVED FILED



JAN 1 2 2023 K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 307262 7468511 AUTHORIZATION : COST LIMIT : ORDER DATE : January 5, 2023 ORDER TIME : 8:46 AM ORDER NO. : 307262-005 CUSTOMER NO: 7468511 FOREIGN FILINGS NAME: SOLGEN CAPITAL PARTNERS I, LP XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Solgen Capital Partners I. LP		
Name of Foreign Limited Part	tnership or Limited Lia	bility Limited Partnership
The enclosed application, certificate of status and f partnership to transact business in Florida. Please return all correspondence concerning this m		gister a foreign limited partnership or limited liability limited
Gerald Chaney		
Contact Person		
Solgen Capital Partners 1, LP		
Firm/Company		
2000 PGA Boulevard, Suite 4440		
Address		
Palm Beach Gardens, FL 33408		
City, State and Zip Code		
gchaney@solgencapital.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, plea	ase call:	
Gerald Chaney		436-5135
Name of Contact Person		Daytime 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 Fees and Certificate of Status	and Certified Co	
Mailing Address:		reet Address:
Registration Section		egistration Section
Division of Corporations		ivision of Corporations
P.O. Box 6327	17	he 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

🔒 Solgen Capital Partners I, L	.Р				
Acceptable Limited Partnersh	ip suffixes: Limited Partnershi	ity Limited Partnership, which must include ip, Limited. L.P., L.P., or Ltd. imited Liability Limited Partnership, L.L.L.P.			
If name unavailable, name u		thip or limited liability limited partnership projections: must contain acceptable suffix.	ooses to re	gister to	o transact
₂ Delaware		3. December 14, 2022			
	ountry of Formation	Date of Formation			
4. Federal Employer Identif	ication Number <u>92-1378980</u>				
	t for Service of Process and F	lorida Street Address:			
Corporation Service Compan	y				
1201 Hays St					
Tallahassee, FL 32301					
	geni. (() () () () () () () () () () () () ()	igree to act in this capacity. I further agree to sance of my duties, and I am familiar with and with and assistent via president e of Registered Agent			
7. Principal Office:		8. Mailing Address:	126	¥	2
2000 PGA Boulevard, Suite	1440	2000 PGA Boulevard, Suite 4440	:-::	112	三三
Palm Beach Gardens, FL 33408		Palm Beach Gardens, FL 33408		PH	
			25. 25.	خن	c
9. If limited partnership is a	limited liability limited parts	nership, check box.	7.7.	59	
10. Name, principal office a	ddress, and mailing address o	of each general partner:			
Name of General Partner:	Solgen Capital Partners (GP), I	LLC Name of General Partner:			
	3A Boulevard, Suite 4440	Street Address:			
Palm Beach Gardens, FL 33408		Street Address.			
Mailing Address: 2000 PGA Boulevard, Suite 4440 Palm Beach Gardens, FL 33408		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	ne of General Partner:	
			et Address:	
Mailing Address:		Mailin	ing Address:	_
11. Effective date, if other than the (Effective date cannot be prior to a Note: If the date inserted in this blue document's effective date on the E	ock does not meet the	s <i>after the date this di</i> applicable statutory	document is filed by the Florida Department of State.) ry filing requirements, this date will not be listed as the	
12. Attached is a certificate of exis Florida Department of State, by the the law of which it is organized.	stence duly authentica e Secretary of State or	ted, not more than 90 other official having	90 days prior to the delivery of this application to the ing custody of the entity's records in the jurisdiction unde	r
Signed this5th	day ofJanua	ry,20	23	
		€ 200 ~.		
	Sie	nature of a general	ral nartner	

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOLGEN CAPITAL PARTNERS I, 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 FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLGEN CAPITAL PARTNERS I, LP" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2022.

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

Authentication: 202425291

Date: 01-05-23

7189034 8300 SR# 20230035284