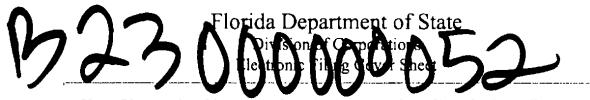
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Page: 1 of 4

Division of Corporations



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(((H23000060180 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC File first: H230000601703

Account Number : I20080000067 Phone : (845)425-0077

File second: H23000060180 3

: (845)818-3588 Fax Number

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FLORIDA/FOREIGN LP/LLLP

Albert Bridge Capital Management LP

Certificate of Status	0
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Estimated Charge	\$1,052.50

FILE SECOND

Electronic Filing Menu Corporate Filing Menu

Help

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

Albert Bridge Capital Management LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Fartnership, Limited, L.P., LP, or Lid. 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. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address: Veorp Agent Services, Inc. 1200 South Pine Island Road Plantation, FL 33324 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 staintes 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. Vcorp Agent Services, Inc. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 6770 Daniels Road 6770 Daniels Road Naples, FL 34109 Naples, FL 34109 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: Albert Bridge Capital Management GP LLC Name of General Partner: 6770 Daniels Road Street Address: ____ Street Address Naples, FL 34109 Mailing Address: 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 Partne	er
Street Address.	······································	Street Address:	
Mailing Address:		Mailing Address	
11. Effective date, if other than the date of (Effective date cannot be prior to nor more the Note: If the date inserted in this block does not document's effective date on the Department. 12. Attached is a certificate of existence duly Florida Department of State, by the Secretary the law effective date in the Secretary.	on 90 days after of meet the appli of State's record authenticated, n	the date this document is filed be cable statutory filing requirements Is of more than 90 days prior to the	by the Florida Department of State.) Ints, this date will not be listed as the delivery of this application to the
the law of which it is organized. Signed this day of	February	20 23	
-		Document by	, , ,
The individual signing this document afterns submitted in a document to the Department of Filing Fees:	that the facts sta		ded for in \$ 817.155, F.S.
Certified Copy (optional): Certificate of Status (optional)		\$52,50 \$8,75	(1)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ALBERT BRIDGE 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALBERT BRIDGE CAPITAL MANAGEMENT LP" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2023.

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



Authentication: 202720207

Date: 02-15-23