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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: joshua.packwood@kingstoncapital.com

FLORIDA/FOREIGN LP/LLLP Kingston Capital Management, LP

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

Kingston Capital Management	, LP		
Acceptable Limited Partnership's	uffixes: Limited Partnership, Lii	mited Partnership, which must include suffix) nited, L.P., LP, or Ltd. I Liability Limited Partnership, L.L.L.P. or LLL	
If name unavailable, name unde		limited liability limited partnership proposes to contain acceptable suffix.	register to transact
2. Delaware		3. 02/10/2023	
State or Coun	try of Formation	Date of Formation	_
4. Federal Employer Identificat	ion Number:		
5. Name of Registered Agent fo CT Corporation System	r Service of Process and Florid	a Street Address:	
1200 South Pine Island Road			
Plantation, Florida 33324			
	oper and complete performance By: C T Corporati Meredith Hell	to act in this capacity. I further agree to comply of my dutics, and I am familiar with and accept on System wig, Assistant Secretary Registered Agent	the obligations of
7. Principal Office:	8. 3	lailing Address:	.~
1290 Mariola Court, Coral Gables, Florida 33134 1290		0 Mariola Court, Coral Gables, Florida 33134	2023
			F)
			 -1
9. If limited partnership is a lin	nited liability limited partnersh	ip, check box.	- - - -
10. Name, principal office addr	ess, and mailing address of eac	h general partner:	رب ب
Name of General Partner: Kin	igston Capital Management GP, LLC	Name of General Partner:	വ
1290 Mario			•
Street Address: Coral Gable	es, Florida 33134	Street Address:	
	Co, Frontie 512-4		
Mailing Address:		Mailing Address:	
Name of General Partner:		Name of General Partner:	
Street Address:			
		Mailing Address:	

Name of General Partner:	Name of General Partner:	
Street Address	Street Address.	
Mailing Address:	Mailing Address	
(Effective date cannot be prior to nor more than 9	ng	: Florida Department of State.)
	nenticated, not more than 90 days prior to the delig State or other official having custody of the entity	
Signed this day of	ocuatry 23	*Joshua W. Packwood, President of Kingston Capital Management GP, LLC, its general partner
	Signature of a 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 felony as provided for in \$ 817,155, F.S.

> Filing Fees: \$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee)

\$52.50 Certified Copy (optional): \$8.75 Certificate of Status (optional):

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "KINGSTON 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2023.

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

at corp delaware gov/auti

Authentication: 202699297

Date: 02-13-23